

Ozaukee County Community Health Survey Report 2022

**Commissioned By:
Ascension Wisconsin
Aurora Health Care
Froedtert & the Medical College of Wisconsin
Washington Ozaukee County Public Health Department**

**Prepared By:
JKV Research, LLC**

Table of Contents

<u>Section Title</u>	<u>Page Number</u>
Purpose.....	1
Methodology	1
How to Read the Report.....	3
Executive Summary	5
Key Findings.....	12
Rating Their Own Health	12
Health Care Coverage	16
Health Care Needed.....	21
Economic Hardships.....	28
Health Information	32
Health Services.....	42
Top Health Conditions or Behaviors That Family Faces	51
Prevalence of Select Health Conditions	56
Body Weight	70
Tobacco Product Use.....	76
Exposure to Smoke.....	85
Delta-8 Use.....	88
Alcohol Use.....	89
Mental Health Status	94
Children in Household.....	101
Top County Social or Economic Issues.....	109
Top County Health or Behavioral Issues.....	121
Appendix A: Questionnaire Frequencies	129
Appendix B: Survey Methodology	144

<u>Table Title</u>	<u>Page Number</u>
Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2022.....	3
Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year	14
Table 3. Personally No Current Health Care Coverage by Demographic Variables for Each Survey Year.....	18
Table 4. Someone in Household Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year.....	20
Table 5. Prescription Medications Not Taken Due to Cost in Past Year by Demographic Variables for Each Survey Year (Household Member)	22
Table 6. Unmet Medical Care in Past Year by Demographic Variables for Each Survey Year (Household Member)....	23
Table 7. Unmet Dental Care in Past Year by Demographic Variables for Each Survey Year (Household Member)	25
Table 8. Unmet Mental Health Care Services in Past Year by Demographic Variables for Each Survey Year.....	26
Table 9. Household Went Hungry in Past Year by Demographic Variables for Each Survey Year.....	29
Table 10. Strongly Disagree/Disagree Household Able to Meet Needs with Money and Resources in Past Month by Demographic Variables for 2022	30
Table 11. Doctor or Other Health Professional as Source for Health Information by Demographic Variables for Each Survey Year.....	34
Table 12. Myself/Family Member in Health Care Field as Source for Health Information by Demographic Variables for Each Survey Year.....	36
Table 13. Family/Friends as Source for Health Information by Demographic Variables for Each Survey Year	38
Table 14. Internet as Source for Health Information by Demographic Variables for Each Survey Year	40
Table 15. Have a Primary Care Physician by Demographic Variables for Each Survey Year	44
Table 16. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for Each Survey Year.....	46
Table 17. Urgent Care Center as Primary Health Care Service by Demographic Variables for Each Survey Year.....	47
Table 18. Quickcare Clinic/Fastcare Clinic as Primary Health Care Service by Demographic Variables for Each Survey Year.....	49
Table 19. Chronic Diseases as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 ...	52

<u>Table Title</u>	<u>Page Number</u>
Table 20. Mental Health, Mental Conditions and Suicide as a Top Health Condition or Behavior for Family by Demographic Variables for 2022	53
Table 21. Chronic Pain, Bad Back, Knee Replacement and Arthritis as a Top Health Condition or Behavior for Family by Demographic Variables for 2022	53
Table 22. Unintentional Injury, Including Falls and Motor Vehicle Accidents as a Top Health Condition or Behavior for Family by Demographic Variables for 2022	54
Table 23. Nutrition, Physical Activity and Obesity as a Top Health Condition or Behavior for Family by Demographic Variables for 2022	55
Table 24. Communicable Diseases or COVID-19 as a Top Health Condition or Behavior for Family by Demographic Variables for 2022	55
Table 25. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year.....	58
Table 26. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year.....	60
Table 27. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year	62
Table 28. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year	64
Table 29. Diabetes in Past Three Years by Demographic Variables for Each Survey Year.....	66
Table 30. Current Asthma by Demographic Variables for Each Survey Year	68
Table 31. At Least Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year	72
Table 32. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year.....	74
Table 33. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year.....	78
Table 34. Electronic Vapor Product Use in Past Month by Demographic Variables for Each Survey Year.....	80
Table 35. Cigars, Cigarillos or Little Cigars Use in Past Month by Demographic Variables for Each Survey Year	82
Table 36. Smokeless Tobacco Use in Past Month by Demographic Variables for Each Survey Year.....	83
Table 37. Smoking Not Allowed in Home by Demographic Variables for Each Survey Year	87
Table 38. Delta-8 Use in Past Month by Demographic Variables for 2022.....	88
Table 39. Heavy Drinking in Past Month by Demographic Variables for 2022.....	90
Table 40. Binge Drinking in Past Month by Demographic Variables for Each Survey Year.....	92
Table 41. Always/Nearly Always Felt Sad, Blue or Depressed in Past Month by Demographic Variables for Each Survey Year.....	95
Table 42. Considered Suicide in Past Year by Demographic Variables for Each Survey Year	97
Table 43. Seldom/Never Find Meaning and Purpose in Daily Life by Demographic Variables for Each Survey Year.....	99
Table 44. Child Has Personal Health Care Provider by Demographic Variables for Each Survey Year	102
Table 45. Child Went to Personal Health Care Provider for Preventive Care in Past Year by Demographic Variables for Each Survey Year	103
Table 46. Child Experienced Bullying in Past Year by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old).....	107
Table 47. Racism and Discrimination as a Top County Social or Economic Issue by Demographic Variables for 2022.....	110
Table 48. Food Insecurity as a Top County Social or Economic Issue by Demographic Variables for 2022	111
Table 49. Economic Stability and Employment as a Top County Social or Economic Issue by Demographic Variables for 2022	112
Table 50. Accessible and Affordable Health Care as a Top County Social or Economic Issue by Demographic Variables for 2022	113
Table 51. Social Connectedness and Belonging as a Top County Social or Economic Issue by Demographic Variables for 2022.....	114
Table 52. Education Access and Quality as a Top County Social or Economic Issue by Demographic Variables for 2022.....	115
Table 53. Community Violence and Crime as a Top County Social or Economic Issue by Demographic Variables for 2022.....	116
Table 54. Accessible and Affordable Transportation as a Top County Social or Economic Issue by Demographic Variables for 2022.....	117
Table 55. Safe and Affordable Housing as a Top County Social or Economic Issue by Demographic Variables for 2022.....	118
Table 56. Politics/Government as a Top County Social or Economic Issue by Demographic Variables for 2022	119
Table 57. Inflation as a Top County Social or Economic Issue by Demographic Variables for 2022.....	120

<u>Table Title</u>	<u>Page Number</u>
Table 58. Mental Health, Mental Conditions and Suicide as a Top County Health or Behavioral Issue by Demographic Variables for 2022.....	122
Table 59. Nutrition, Physical Activity and Obesity as a Top County Health or Behavioral Issue by Demographic Variables for 2022.....	123
Table 60. Alcohol Abuse and Drug/Substance Use as a Top County Health or Behavioral Issue by Demographic Variables for 2022.....	124
Table 61. Communicable Diseases or COVID-19 as a Top County Health or Behavioral Issue by Demographic Variables for 2022.....	125
Table 62. Access to Affordable Health Care as a Top County Health or Behavioral Issue by Demographic Variables for 2022.....	126
Table 63. Chronic Diseases as a Top County Health or Behavioral Issue by Demographic Variables for 2022.....	127
Table 64. Tobacco and Vaping Products as a Top County Health or Behavioral Issue by Demographic Variables for 2022.....	128
 <u>Figure Title</u>	 <u>Page Number</u>
Figure 1. Rate Own Health for 2022.....	12
Figure 2. Fair or Poor Health	15
Figure 3. Type of Health Care Coverage for 2022.....	16
Figure 4. Health Care Coverage.....	20
Figure 5. Unmet Health Care in Past Year.....	27
Figure 6. Economic Hardships.....	31
Figure 7. Health Information Source	41
Figure 8. Health Services.....	50
Figure 9. Top Health Conditions or Behaviors that Family Faces for 2022	51
Figure 10. Health Conditions in Past Three Years for 2022.....	56
Figure 11. Health Conditions in Past Three Years.....	69
Figure 12. Overweight Status for 2022.....	70
Figure 13. Overweight Status.....	75
Figure 14. Tobacco Use in Past Month.....	84
Figure 15. Smoking Policy Inside Home for 2022.....	85
Figure 16. Smoking Not Allowed in Home	87
Figure 17. Alcohol Use in Past Month.....	93
Figure 18. Felt Sad, Blue or Depressed in Past Month for 2022.....	94
Figure 19. Mental Health Status	100
Figure 20. Child Experienced Bullying in Past Year (Children 5 to 17 Years Old)	108
Figure 21. Top County Social or Economic Issues for 2022	109
Figure 22. Top County Health or Behavioral Issues for 2022	121

Purpose

The purpose of this project is to provide Ozaukee County with information from an assessment of the health status of county residents. Primary objectives are to:

1. Gather specific data on behavioral and lifestyle habits of the adult population. Select information will also be collected about the respondent's household.
2. Gather data on a random child (17 or younger) in the household through an adult who makes health care decisions for the child.
3. Gather data on the prevalence of risk factors and disease conditions existing within the adult population.
4. Compare, where appropriate, health data of residents to previous health studies.
5. Compare, where appropriate and available, health data of residents to state and national measurements along with Healthy People 2030 goals.

This report was commissioned by Ascension Wisconsin, Aurora Health Care, Froedtert & the Medical College of Wisconsin and the Washington-Ozaukee County Public Health Department.

The survey was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 439-1399 or janet.vandehey@jkvresearch.com. For further information about the survey, contact the Washington Ozaukee County Public Health Department at (262) 335-4462.

Methodology

Data Collection

Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the county. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer and based on the number of adults in the household (n=220). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=180). At least 8 attempts were made to contact a respondent in each sample. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between June 30 and October 3, 2022.

Weighting of Data

For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent, if an adult, was the primary cell phone user. Combined, post-stratification was conducted at the individual-age by gender of the 2010 census and age group by sex of the 2021 characteristics of the American Community Survey.

Margin of Error

With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ± 5 percent from what would have been obtained by interviewing all persons 18 years old and older with telephones in the county. This margin of error provides us with confidence in the data; 95 times out of 100, the true value will likely be somewhere between the lower and upper bound. The margin of error for smaller subgroups will be larger than ± 5 percent, since fewer respondents are in that category (e.g., adults who were asked about a random child in the household).

What do the Percentages Mean?

In 2021, the Census Bureau estimated 72,869 adult residents lived in Ozaukee County. Thus, in this report, one percentage point equals approximately 730 adults. So, when 15% of respondents reported their health was fair or poor, this roughly equals 10,950 residents $\pm 3,650$ individuals. Therefore, from 7,300 to 14,600 residents likely have fair or poor health. Because the margin of error is $\pm 5\%$, events or health risks that are small will include zero.

In 2021, the Census Bureau estimated 36,144 occupied housing units in Ozaukee County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2021 household estimate, each percentage point for household-level data represents approximately 360 households.

Definitions

Certain variables were recoded for better analysis and are listed below.

Marital status: Married respondents were classified as those who reported being married and those who reported to being a member of an unmarried couple. All others were classified as not married.

Household income: It is difficult to compare household income data throughout the years as the real dollar value changes. Each year, the Census Bureau classifies household income into five equal brackets, rounded to the nearest dollar. It is not possible to exactly match the survey income categories to the Census Bureau brackets since the survey categories are in increments of \$10,000 or more; however, it is the best way to track household income. This report looks at the Census Bureau's bottom 40%, middle 20% and top 40% household income brackets each survey year. From 2011 to 2016, the bottom 40% income bracket included survey categories less than \$40,001, the middle 20% income bracket was \$40,001 to \$60,000 and the top 40% income bracket was at least \$60,001. In 2019 and 2022, the bottom 40% income bracket included survey categories less than \$50,001, the middle 20% income bracket was \$50,001 to \$75,000 and the top 40% income bracket was at least \$75,001.

Overweight status: Calculated using the CDC's Body Mass Index (BMI) of kilograms/meter². A BMI of 25.0 to 29.9 is considered overweight and 30.0 or more as obese. In this report "overweight" includes both overweight and obese respondents.

Current smoker: Current smoker is defined as someone who smoked a tobacco cigarette at least some days.

Heavy drinking: According to the Centers for Disease Control, heavy drinking is defined as more than 2 drinks per day in the past month for males (i.e. at least 61 drinks) and more than one drink per day for females (i.e. 31 drinks).

Binge drinking: The definition for binge drinking varies. Currently, the CDC defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender.

Demographic Profile

The following table includes the weighted demographic breakdown of respondents in the county.

Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2022 (Q17, Q18, Q53, Q54 & Q62)^{①,②}

	Survey Results
TOTAL	100%
Gender	
Male	48%
Female	51
All Other Responses*	1
Age	
18 to 34	22%
35 to 44	16
45 to 54	16
55 to 64	20
65 and Older	27
Education	
High School Graduate or Less	17%
Some Post High School	23
College Graduate	59
Household Income	
Bottom 40 Percent Bracket	20%
Middle 20 Percent Bracket	13
Top 40 Percent Bracket	51
Not Sure/No Answer	16
Married	60%

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Race and ethnicity breakdowns had too few cases for statistical reliability in crosstabulations (Q51 & Q52).

*All Other Responses include the categories of transgender male, transgender female, nonbinary, prefer not to answer, not sure and other gender identity you most identify with. Gender crosstabulations do not include this group as it is too small for statistical reliability.

How to Read the Report

Statistical Significance

The use of statistics is to determine whether a true difference between two percentages is likely to exist. If a difference is statistically significant, it is unlikely that the difference between the two percentages is due to chance. Conversely, if a difference is not statistically significant, it is likely there is no real difference. For example, the difference between the percentage of adults in 2011 reporting high blood pressure (25%) and the percentage of adults reporting this in 2022 (30%) is not statistically significant and so it is likely not a real difference; it is within the margin of error of the survey.

Data Interpretation

Data that has been found “statistically significant” and “not statistically significant” are both important for stakeholders to better understand county residents as they work on action plans. Additionally, demographic cross-tabulations provide information on whether or not there are statistically significant differences within the demographic categories (gender, age, education, household income level and marital status). Demographic data

cannot be broken down for race and ethnicity because there are too few cases in the sample. Finally, Healthy People 2030 goals as well as state and national percentages are included to provide another perspective of the health issues.

Report Setup

- 1) Executive Summary—The Executive Summary includes a trend data table for the analyzed survey questions and comparisons to the most recent state percentages, national percentages and Healthy People 2030 goals, wherever possible. Also included is a summary of the key findings for each topic.
- 2) Key Findings—The Key Findings are broken down by:
 - a. Main Topics—overarching topics such as Rating Their Own Health, Health Care Coverage and Health Care Needed. Each main topic starts on a new page and is in **bold** in the report.
 - b. Key Findings—The first paragraph summarizes 2022 demographic findings of survey questions included in the main topic. The second paragraph, in *italics*, indicates if the 2022 percentages statistically changed over time.
 - c. Sub-Topics—Applicable survey questions are analyzed within each main topic and are listed in **bold**. For example, “Personally Not Covered Currently” and “Someone in Household Not Covered in Past Year” are the sub-topics within Health Care Coverage.
 - i. Recommendations and/or Healthy People 2030 goals—*italicized* statements immediately after the sub-topic title, where possible.
 - ii. Data Comparisons—National and Wisconsin percentages are *italicized*, when available.
 - iii. 2022 Findings
 1. First bullet—lists the percentages for sub-topic survey question response categories. Occasionally, a figure is included to visually see the breakdown. Open bullets are used when there is a skip pattern or filter in the questionnaire and fewer respondents were asked the survey question.
 2. Remaining bullets—a bullet is written for each demographic variable that is significant in 2022. It compares the highest and lowest percentages. The order of bullets is gender, age, education, household income and marital status. Overweight status and smoking status are included for some analysis. Household income, marital status and presence of children are the demographic variables used for household-level questions since respondent-level variables cannot be used. Open bullets are used to indicate fewer respondents.
 - iv. 2011 (First Year) to 2022 Year Comparisons
 1. First bullet—This bullet statistically compares the 2011 percent (or first year of data collection) to the 2022 percent to determine if it has remained the same, increased or decreased. Open bullets are used to indicate fewer respondents.
 2. Remaining bullets—Each remaining bullet first indicates if the demographic variable was significant in 2011 and/or 2022. Secondly, the bullet includes if there were any changes within the demographic categories from 2011 to 2022. A bullet is omitted if there is no statistical significance in both cases. Open bullets are used to indicate fewer respondents.
 - v. 2019 to 2022 Year Comparisons—same format as the 2011 to 2022 Year Comparisons, but compares 2019 to 2022 percentages instead.
 - vi. Sub-Topic Table—Percentages, whether statistically significant or not, are listed for each survey question analyzed and broken down by demographic variables to determine the bullets for “2022 Findings,” “2011 to 2022 Year Comparisons” and “2019 to 2022 Year Comparisons.” Statistically significant demographic differences within years are indicated by ¹, ², ³, ⁴ and/or ⁵ depending upon the number of years data is available. Statistically significant differences between years are indicated by ^a and/or ^b depending on the number of years of data. The table includes the survey question number in the title.
 - vii. Trend Figure—after all survey questions within the main topic are analyzed, a trend graph containing the sub-topics is included. The prevalence of the analyzed percent is the y-axis (vertical line) and the survey years is the x-axis (horizontal line).
- 3) Appendix A—The survey questionnaire listing each question and the percent breakdowns are included.

Throughout the report, some totals may be more or less than 100% due to rounding and response category distribution. Percentages occasionally may differ by one or two percentage points from previous reports or the Appendix as a result of rounding, recoding variables or response category distribution.

Executive Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Ozaukee County residents. The following data are highlights of the comprehensive study.

	Ozaukee					WI	US
Overall Health	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Excellent/Very Good	65%	57%	55%	55%	47%	57%	57%
Good	25%	30%	29%	27%	38%	30%	30%
Fair or Poor	11%	13%	16%	16%	15%	13%	13%
Health Care Coverage	Ozaukee					WI	US
Not Covered	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Personally (Currently, 18 Years Old and Older)	6%	6%	2%	3%	1%	8%	11%
Personally (Currently, 18 to 64 Years Old) [HP2030 Goal: 8%]	7%	7%	2%	4%	1%	9%	13%
Household Member (Past Year)	11%	15%	7%	6%	5%	NA	NA
Did Not Receive Care Needed in Past Year	Ozaukee					WI	US
Unmet Need/Care in Household	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2017</u>
Prescription Medication Not Taken Due to Cost [HP2030 Goal: 3%]	9%	11%	9%	10%	3%	NA	3%
Medical Care [HP2030 Goal: 3%]*	8%	11%	11%	8%	4%	NA	4%
Dental Care [HP2030 Goal: 4%]*	12%	14%	15%	10%	14%	NA	5%
Unmet Need/Care (Respondent Only)							
Mental Health Care Services**	2%	3%	4%	7%	6%	NA	NA
Alcohol/Substance Abuse Treatment	--	--	--	--	<1%	NA	NA
Economic Hardships	Ozaukee					WI	US
	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Household Went Hungry (Past Year)	--	--	6%	4%	<1%	NA	NA
Household Able to Meet Needs with Money and Resources							
Strongly Disagree/Disagree (Past Month)	--	--	--	--	5%	NA	NA
Issue with Current Housing Situation	--	--	--	--	2%	NA	NA
Health Information	Ozaukee					WI	US
Primary Source of Health Information	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Doctor or Other Health Professional	47%	46%	53%	55%	71%	NA	NA
Myself/Family Member in Health Care Field	6%	9%	7%	8%	10%	NA	NA
Family/Friends	2%	2%	6%	5%	8%	NA	NA
Internet	29%	33%	25%	23%	6%	NA	NA
Health Services	Ozaukee					WI	US
	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Have a Primary Care Physician [HP2030 Goal: 84%]	--	--	93%	91%	90%	83%	77%
Primary Health Services							
Doctor/Nurse Practitioner's Office	81%	81%	75%	74%	69%	NA	NA
Urgent Care Center	3%	5%	7%	14%	13%	NA	NA
Quickcare Clinic/Fastcare Clinic	--	--	3%	2%	7%	NA	NA
Hospital Emergency Room	1%	2%	6%	1%	3%	NA	NA
Public Health Clinic/Community Health Center	8%	5%	3%	4%	2%	NA	NA
Hospital Outpatient Department	3%	1%	4%	<1%	1%	NA	NA
Worksite Clinic	--	--	2%	1%	1%	NA	NA
Virtual Health/Tele-Medicine or Electronic Visit	--	--	--	--	1%	NA	NA
No Usual Place	3%	5%	2%	3%	2%	NA	NA

--Not asked. NA-WI and/or US data not available.

*Since 2019, the question was asked of any household member. In previous years, the question was asked of the respondent only.

**In 2019, the question was asked of any household member. In all other study years, the question was asked of respondents only.

	Ozaukee					WI	US
Top Health Conditions or Behaviors Family Faces	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Chronic Diseases	--	--	--	--	39%	NA	NA
Mental Health, Mental Conditions and Suicide	--	--	--	--	14%	NA	NA
Chronic Pain, Bad Back, Knee Replacement and Arthritis	--	--	--	--	6%	NA	NA
Unintentional Injury, Including Falls and Motor Vehicle Accidents	--	--	--	--	5%	NA	NA
Nutrition, Physical Activity and Obesity	--	--	--	--	5%	NA	NA
Communicable Diseases or COVID-19	--	--	--	--	4%	NA	NA
	Ozaukee					WI	US
Health Conditions in Past 3 Years	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
High Blood Pressure	25%	32%	28%	29%	30%	NA	NA
High Blood Cholesterol	25%	25%	26%	20%	23%	NA	NA
Mental Health Condition	13%	15%	18%	21%	21%	NA	NA
Heart Disease/Condition	5%	7%	11%	7%	11%	NA	NA
Diabetes	6%	7%	8%	8%	7%	NA	NA
Asthma (Current)	10%	11%	11%	11%	8%	10%	10%
	Ozaukee					WI	US
Regularly Seeing Doctor/Nurse/Other Health Care Provider	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
High Blood Pressure	--	--	--	--	94%	NA	NA
High Blood Cholesterol	--	--	--	--	86%	NA	NA
Mental Health Condition	--	--	--	--	86%	NA	NA
Heart Disease/Condition	--	--	--	--	91%	NA	NA
Diabetes	--	--	--	--	96%	NA	NA
Asthma (Current)	--	--	--	--	66%	NA	NA
	Ozaukee					WI	US
Body Weight	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Overweight Status							
Overweight (BMI 25.0+)	59%	65%	63%	62%	67%	68%	67%
Obese (BMI 30.0+) [HP2030 Goal: 36%]	20%	26%	26%	35%	30%	32%	32%
	Ozaukee					WI	US
Tobacco Product Use in Past Month	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Current Smokers [HP2030 Goal: 5%]	16%	22%	16%	12%	6%	16%	16%
Current Vapers	--	11%	1%	4%	4%	4% ¹	4%
Cigars, Cigarillos or Little Cigars Use	--	6%	5%	7%	5%	NA	NA
Smokeless Tobacco Use	--	5%	5%	7%	3%	4%	4%
	Ozaukee					WI ²	US
Exposure to Smoke	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>14-15</u>	<u>14-15</u>
Smoking Policy at Home							
Not Allowed Anywhere [HP2030 Goal: 93%]	79%	85%	86%	88%	88%	84%	87%
Allowed in Some Places/At Some Times	4%	3%	5%	3%	4%	NA	NA
Allowed Anywhere	3%	1%	<1%	<1%	<1%	NA	NA
No Rules Inside Home	15%	11%	7%	9%	7%	NA	NA
	Ozaukee					WI	US
Delta-8 (Marijuana-lite, Diet Weed, Dabs) Use in Past Month	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Delta-8	--	--	--	--	6%	NA	NA

--Not asked. NA-WI and/or US data not available.

¹Wisconsin current vapers is 2017 data. ²Midwest data.

	Ozaukee					WI	US
Alcohol Use in Past Month	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Heavy Drinker*	--	--	--	--	11%	10%	7%
Binge Drinker** [HP2030 Goal 5+ Drinks: 25%]	29%	35%	28%	40%	24%	23%	16%
	Ozaukee					WI	US
Mental Health Status	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	4%	4%	8%	5%	2%	NA	NA
Considered Suicide (Past Year)	3%	3%	6%	4%	3%	NA	NA
Find Meaning & Purpose in Daily Life Seldom/Never	3%	7%	6%	6%	4%	NA	NA
	Ozaukee					WI	US
Children in Household	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Personal Health Care Provider Who Knows Child Well and Familiar with History	90%	88%	99%	93%	93%	NA	NA
Visited Personal Health Care Provider for Preventive Care (Past Year)	92%	89%	87%	91%	98%	NA	NA
Unmet Dental Care (Past Year)	0%	6%	7%	3%	2%	NA	NA
Mental Health Condition	--	--	--	--	12%	NA	NA
Overweight or Obese	--	--	--	--	4%	NA	NA
Asthma	5%	9%	10%	9%	<1%	NA	NA
Diabetes	--	--	--	--	0%	NA	NA
Children 5 to 17 Years Old							
Safety in Community Seldom/Never	0%	0%	0%	0%	0%	NA	NA
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Mo.)***	0%	1%	4%	6%	6%	NA	NA
Experienced Some Form of Bullying (Past Year)****	8%	18%	14%	28%	14%	NA	NA
Verbally Bullied ***	8%	18%	14%	25%	14%	NA	NA
Cyber Bullied***	3%	3%	0%	4%	4%	NA	NA
Physically Bullied***	2%	3%	1%	2%	0%	NA	NA
	Ozaukee					WI	US
Top County Social or Economic Issues	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Racism and Discrimination	--	--	--	--	13%	NA	NA
Food Insecurity	--	--	--	--	13%	NA	NA
Economic Stability and Employment	--	--	--	--	12%	NA	NA
Accessible and Affordable Health Care	--	--	--	--	12%	NA	NA
Social Connectedness and Belonging	--	--	--	--	9%	NA	NA
Education Access and Quality	--	--	--	--	9%	NA	NA
Community Violence and Crime	--	--	--	--	8%	NA	NA
Accessible and Affordable Transportation	--	--	--	--	7%	NA	NA
Safe and Affordable Housing	--	--	--	--	7%	NA	NA
Politics/Government	--	--	--	--	6%	NA	NA
Inflation	--	--	--	--	5%	NA	NA
	Ozaukee					WI	US
Top County Health or Behavioral Issues	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Mental Health, Mental Conditions and Suicide	--	--	--	--	33%	NA	NA
Nutrition, Physical Activity and Obesity	--	--	--	--	26%	NA	NA
Alcohol Abuse and Drug/Substance Use	--	--	--	--	23%	NA	NA
Communicable Diseases or COVID-19	--	--	--	--	8%	NA	NA
Access to Affordable Health Care	--	--	--	--	8%	NA	NA
Chronic Diseases	--	--	--	--	7%	NA	NA
Tobacco and Vaping Products	--	--	--	--	4%	NA	NA

--Not asked. NA-WI and/or US data not available.

*Heavy drinking is defined as 61 or more drinks for males and 31 or more drinks for females in the past month.

**Binge drinking is defined as “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males.

***Since 2019, the question was asked for children 5 to 17 years old. In prior years, the question was asked for children 8 to 17 years old.

General Health

In 2022, 47% of respondents reported their health as excellent or very good; 15% reported fair or poor. Respondents who were male, 65 and older, with a high school education or less, in the bottom 60 percent household income bracket or smokers were more likely to report fair or poor health. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.*

Health Care Coverage

In 2022, 1% of respondents reported they were not currently covered by health care insurance. Five percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents in the middle 20 percent household income bracket or without children in the household were more likely to report this. *From 2011 to 2022, the overall percent statistically decreased for respondents 18 and older who reported no current personal health care coverage, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically decreased for respondents 18 to 64 years old who reported no current personal health care coverage while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2019 to 2022, there was no statistical change.*

In 2022, 3% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year. Four percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents in the bottom 60 percent household income bracket were more likely to report this. Fourteen percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the middle 20 percent household income bracket or with children in the household were more likely to report this. Six percent of respondents reported in the past year they did not receive the mental health care services they needed or considered seeking; respondents 18 to 34 years old were more likely to report this. Less than one percent of respondents reported in the past year they did not receive the alcohol/substance abuse treatment they needed or considered seeking. *From 2011 to 2022, the overall percent statistically decreased for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically decreased for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically remained the same for respondents who reported unmet dental care for a household member in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically increased for respondents who reported unmet mental health care services in the past year while from 2019 to 2022, there was no statistical change. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only. In 2019, unmet mental health care services was asked of the household. In all other study years, it was asked of the respondent only.*

Economic Hardships

In 2022, less than one percent of respondents reported their household went hungry because they didn't have enough food in the past year. Five percent of respondents disagreed or strongly disagreed "During the past month, my household has been able to meet its needs with the money and resources we have." Respondents with children in the household were more likely to disagree their household was able to meet its needs with the money and resources they have. Two percent of respondents reported they had an issue with their current housing situation. *From 2016 to 2022, there was a statistical decrease in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year, as well as from 2019 to 2022.*

Health Information

In 2022, 71% of respondents reported they trust a doctor or other health professional the most for health information while 10% reported they were/family member was in the health care field and their source. Eight percent reported family/friends while 6% reported the Internet. Respondents 55 and older or with a high school education or less were more likely to report doctor or other health professional. Respondents who were female, 35 to 44 years old or in the top 40 percent household income bracket were more likely to report themselves or a family member in the health care field and their most trusted source for health information. Respondents who were male, 18 to 34 years old, with some post high school education or in the bottom 40 percent household income bracket were more likely to report family/friends. Respondents 18 to 34 years old or 45 to 54 years old were more likely to report the Internet. *From 2011 to*

2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they were/family member was in the health care field or family/friends as their source of health information while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022.

Health Services

In 2022, 90% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 45 to 54 years old, 65 and older or married were more likely to report a primary care physician. Sixty-nine percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 13% reported an urgent care center. Seven percent reported a Quickcare clinic/Fastcare clinic. Respondents who were 65 and older or married were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 35 to 54 years old were more likely to report an urgent care center as their primary health care. Respondents 18 to 44 years old were more likely to report a Quickcare clinic/Fastcare clinic as their primary health care. *From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was a Quickcare clinic/Fastcare clinic, as well as from 2019 to 2022.*

Top Health Conditions or Behaviors Family Faces

In 2022, respondents were asked to list the top two health conditions or behaviors that they and their family face at this time. The most often cited were chronic diseases (39%) or mental health, mental conditions and suicide (14%). Respondents without children in the household were more likely to report chronic diseases as a top health condition or behavior. Respondents in the middle 20 percent household income bracket or with children in the household were more likely to report mental health, mental conditions and suicide. Six percent of respondents reported chronic pain, bad back, knee replacement and arthritis. Five percent of respondents reported unintentional injury, including falls and motor vehicle accidents. Five percent of respondents reported nutrition, physical activity and obesity as a top health condition or behavior. Four percent of respondents reported communicable diseases or COVID-19; respondents with children in the household were more likely to report this.

Health Conditions

In 2022, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (30%), high blood cholesterol (23%) or a mental health condition (21%). Respondents who were male or 65 and older were more likely to report high blood pressure. Respondents who were 65 and older, in the bottom 40 percent household income bracket or overweight were more likely to report high blood cholesterol. Respondents who were female, 18 to 44 years old or with some post high school education were more likely to report a mental health condition. Eleven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents 65 and older or in the bottom 60 percent household income bracket were more likely to report heart disease/condition. Seven percent of respondents reported diabetes; respondents 65 and older or in the bottom 60 percent household income bracket were more likely to report this. Eight percent reported current asthma; female respondents were more likely to report this. Of respondents who reported these health conditions, at least 85% reported they were regularly seeing a doctor, nurse or other health care provider for their high blood pressure, high blood cholesterol, heart disease/condition, mental health condition or diabetes while 66% reported current asthma. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol, diabetes or current asthma, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported heart disease/condition, as well as from 2019 to 2022.*

Body Weight

In 2022, 67% of respondents were classified as at least overweight while 30% were obese. Respondents 55 to 64 years old were more likely to be at least overweight. Married respondents were more likely to be obese. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2019 to 2022, there was no statistical change.*

Tobacco Product Use

In 2022, 6% of respondents were current tobacco cigarette smokers; respondents in the bottom 40 percent household income bracket were more likely to be a smoker. Four percent of respondents used electronic vapor products in the past month; respondents 18 to 34 years old, with a high school education or less or in the middle 20 percent household income bracket were more likely to report this. Five percent of respondents used cigars, cigarillos or little cigars in the past month while 3% of respondents used smokeless tobacco. Respondents who were male or 18 to 34 years old were more likely to report they used cigars/cigarillos/little cigars. *From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2019 to 2022. From 2014 to 2022, there was a statistical decrease in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was no statistical change. From 2014 to 2022, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022. From 2014 to 2022, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month while from 2019 to 2022, there was a statistical decrease.*

In 2022, 88% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 60 percent household income bracket, married or with children in the household were more likely to report smoking is not allowed anywhere inside the home. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.*

Delta-8 Use

In 2022, 6% of respondents used Delta-8, also known as marijuana-lite, diet weed or dabs, in the past month. Respondents who were 18 to 34 years old, in the middle 20 percent household income bracket or unmarried were more likely to report they used Delta-8 in the past month.

Alcohol Use

In 2022, 74% of respondents had an alcoholic drink in the past month. Eleven percent of respondents were heavy drinkers in the past month (females 31+ drinks per month and males 61+ drinks) while 24% of respondents were binge drinkers (females 4+ drinks in a row and males 5+ drinks). Respondents who were 55 to 64 years old were more likely to report heavy drinking. Respondents who were male or 18 to 34 years old were more likely to have binged in the past month. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical decrease.*

Mental Health Status

In 2022, 2% of respondents reported they always or nearly always felt sad, blue or depressed in the past month. Three percent of respondents felt so overwhelmed they considered suicide in the past year. Four percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents in the middle 20 percent household income bracket were more likely to report this. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month while from 2019 to 2022, there was a statistical decrease. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life, as well as from 2019 to 2022.*

Children in Household

In 2022, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-three percent of respondents reported they have one or more persons they think of as the child's personal health care

provider, with 98% reporting the child visited their personal health care provider for preventive care during the past year. Two percent of respondents reported in the past year the child did not receive the dental care needed. Twelve percent of respondents reported the child had a diagnosed mental health condition. Four percent of respondents reported the child was overweight or obese. Less than one percent of respondents reported the child currently had asthma. Zero percent of respondents reported the child had diabetes. Zero percent of respondents reported the 5 to 17 year old child was seldom/never safe in their community. Six percent of respondents reported the 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Fourteen percent reported the 5 to 17 year old child experienced some form of bullying in the past year; 14% reported verbal bullying, 4% reported cyber bullying and 0% reported physical bullying. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child had a personal health care provider, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported the child visited their personal health care provider in the past year for preventive care, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child currently had asthma, while from 2019 to 2022, there was a statistical decrease. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child was seldom/never safe in their community, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported the 5 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the 5 to 17 year old child was bullied overall or verbally bullied while from 2019 to 2022, there was a statistical decrease. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the 5 to 17 year old child was cyber bullied or physically bullied, as well as from 2019 to 2022.*

Top County Social or Economic Issues

In 2022, respondents were asked to list the top two social or economic issues in the county. The most often cited were racism/discrimination (13%), food insecurity (13%), economic stability/employment (12%) or accessible/affordable health care (12%). Respondents 35 to 44 years old or in the top 40 percent household income bracket were more likely to report racism and discrimination as a top social or economic issue. Respondents who were female or 45 to 54 years old were more likely to report food insecurity. Respondents who were female, 35 to 44 years old, with a college education or married respondents were more likely to report accessible and affordable health care as a top issue. Nine percent of respondents reported social connectedness and belonging; respondents 18 to 34 years old or with some post high school education were more likely to report this. Nine percent of respondents reported education access and quality as a top issue. Eight percent of respondents reported community violence and crime; respondents who were in the middle 20 percent household income bracket or married were more likely to report this. Seven percent of respondents reported accessible and affordable transportation as a top issue; married respondents were more likely to report this. Seven percent of respondents reported safe and affordable housing. Six percent of respondents reported politics/government as a top issue; respondents who were male or 55 to 64 years old were more likely to report this. Five percent of respondents reported inflation as a top social or economic issue.

Top County Health Conditions or Behaviors

In 2022, respondents were asked to list the top two health or behavioral issues in the county that must be addressed in order to improve the health of county residents. The most often cited were mental health, mental conditions and suicide (33%) or nutrition, physical activity and obesity (26%). Respondents who were female, 35 to 44 years old, in the top 40 percent household income bracket or married were more likely to report mental health, mental conditions and suicide as a top health or behavioral issue. Respondents 45 to 54 years old, with a college education or in the top 40 percent household income bracket were more likely to report nutrition, physical activity and obesity. Twenty-three percent of respondents reported alcohol abuse and drug/substance use. Eight percent of respondents reported communicable diseases or COVID-19 as a top issue; female respondents were more likely to report this. Eight percent of respondents reported access to affordable health care as a top issue. Seven percent of respondents reported chronic diseases; respondents 35 to 44 years old were more likely to report this. Four percent of respondents reported tobacco and vaping products.

Key Findings

Rating Their Own Health (Figures 1 & 2; Table 2)

KEY FINDINGS: In 2022, 47% of respondents reported their health as excellent or very good; 15% reported fair or poor. Respondents who were male, 65 and older, with a high school education or less, in the bottom 60 percent household income bracket or smokers were more likely to report fair or poor health.

From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.

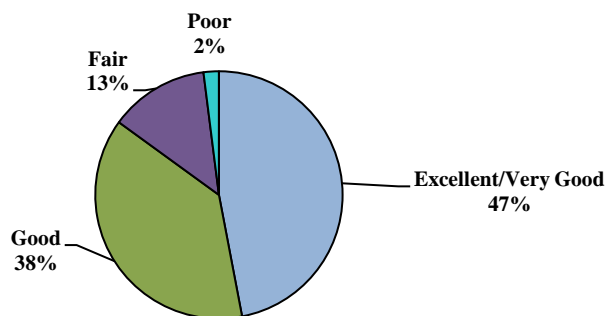
Rating Their Own Health

In 2020, 57% of Wisconsin respondents reported their health as excellent or very good, 30% reported good while 13% reported fair or poor. Fifty-seven percent of U.S. respondents reported their health as excellent or very good while 30% reported good and 13% reported fair or poor (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 2)

- Forty-seven percent of respondents said their own health, generally speaking, was either excellent or very good. A total of 15% reported their health was fair (13%) or poor (2%).

Figure 1. Rate Own Health for 2022 (Q1)



- Male respondents were more likely to report their health was fair or poor (21%) compared to female respondents (10%).
- Twenty-five percent of respondents 65 and older reported their health was fair or poor compared to 10% of those 35 to 44 years old or 9% of respondents 18 to 34 years old.
- Thirty-one percent of respondents with a high school education or less reported their health was fair or poor compared to 15% of those with some post high school education or 10% of respondents with a college education.
- Twenty-four percent of respondents in the bottom 40 percent household income bracket and 22% of those in the middle 20 percent income bracket reported their health was fair or poor compared to 8% of respondents in the top 40 percent household income bracket.

- Smokers were more likely to report their health was fair or poor (38%) compared to nonsmokers (14%).

2011 to 2022 Year Comparisons (Table 2)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported fair or poor health.
- In 2011 and 2022, male respondents were more likely to report fair or poor health.
- In 2011 and 2022, respondents 65 and older were more likely to report fair or poor health. From 2011 to 2022, there was a noted increase in the percent of respondents 35 to 44 years old reporting fair or poor health.
- In 2011, respondents with some post high school education or less were more likely to report fair or poor health. In 2022, respondents with a high school education or less were more likely to report fair or poor health, with a noted increase since 2011. From 2011 to 2022, there was a noted increase in the percent of respondents with a college education reporting fair or poor health.
- In 2011, household income was not a significant variable. In 2022, respondents in the bottom 60 percent household income bracket were more likely to report fair or poor health. From 2011 to 2022, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting fair or poor health.
- In 2011, unmarried respondents were more likely to report fair or poor health. In 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of married respondents reporting fair or poor health.
- In 2011, smoking status was not a significant variable. In 2022, smokers were more likely to report fair or poor health, with a noted increase since 2011.

2019 to 2022 Year Comparisons (Table 2)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported fair or poor health.
- In 2019, gender was not a significant variable. In 2022, male respondents were more likely to report fair or poor health.
- In 2019, age was not a significant variable. In 2022, respondents 65 and older were more likely to report fair or poor health. From 2019 to 2022, there was a noted decrease in the percent of respondents 18 to 34 years old reporting fair or poor health.
- In 2019 and 2022, respondents with a high school education or less were more likely to report fair or poor health.
- In 2019 and 2022, respondents in the bottom 60 percent household income bracket were more likely to report fair or poor health.
- In 2019, unmarried respondents were more likely to report fair or poor health. In 2022, marital status was not a significant variable.
- In 2019, overweight respondents were more likely to report fair or poor health. In 2022, overweight status was not a significant variable.

- In 2019 and 2022, smokers were more likely to report fair or poor health.

Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year (Q1)[®]

	2011	2014	2016	2019	2022
TOTAL	11%	13%	16%	16%	15%
Gender ^{1,5}					
Male	15	14	18	17	21
Female	7	12	15	16	10
Age ^{1,2,5}					
18 to 34 ^b	10	3	13	20	9
35 to 44 ^a	0	14	27	8	10
45 to 54	10	19	12	13	15
55 to 64	12	14	19	21	13
65 and Older	18	16	11	20	25
Education ^{1,2,3,4,5}					
High School or Less ^a	15	21	30	29	31
Some Post High School	17	14	21	22	15
College Graduate ^a	3	9	8	9	10
Household Income ^{2,3,4,5}					
Bottom 40 Percent Bracket ^a	12	22	40	21	24
Middle 20 Percent Bracket	13	16	17	23	22
Top 40 Percent Bracket	5	5	6	10	8
Marital Status ^{1,3,4}					
Married ^a	4	12	10	12	12
Not Married	18	14	25	24	19
Overweight Status ⁴					
Not Overweight	9	11	18	9	10
Overweight	12	14	15	20	17
Smoking Status ^{3,4,5}					
Nonsmoker	9	12	9	14	14
Smoker ^a	16	19	55	35	38

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

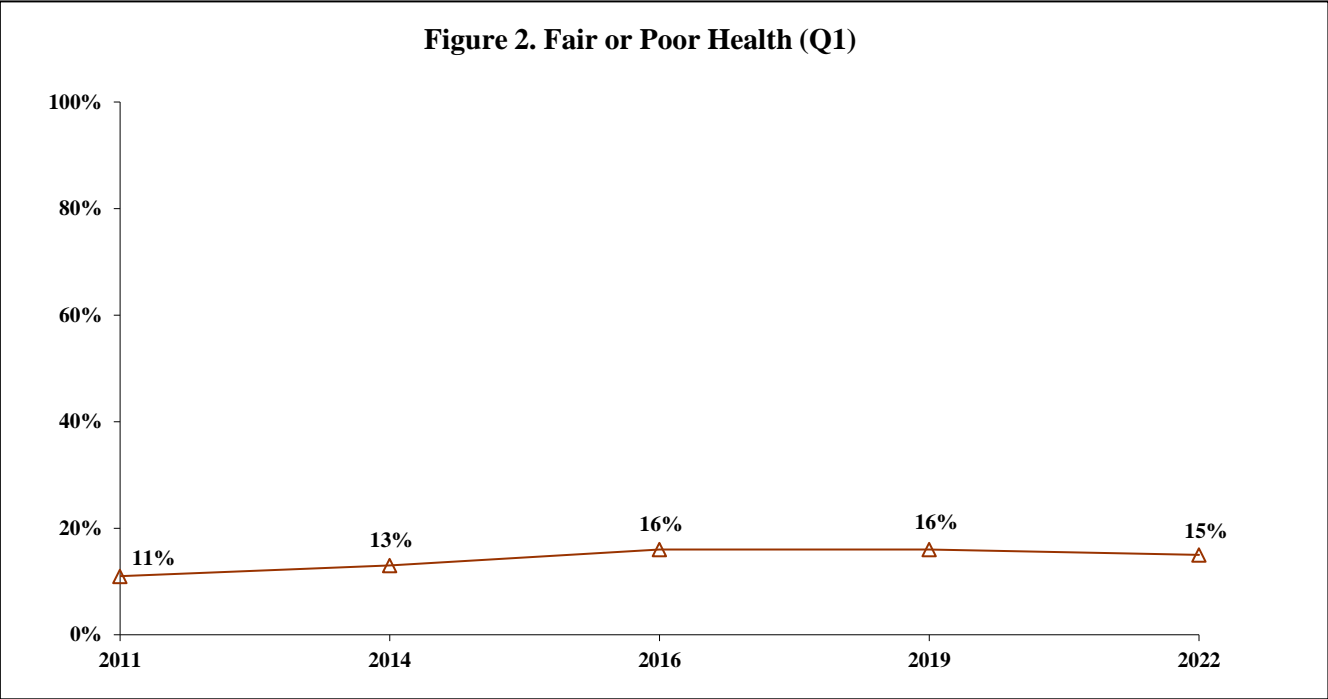
¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Rating Their Own Health Overall

Year Comparisons

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.



Health Care Coverage (Figures 3 & 4; Tables 3 & 4)

KEY FINDINGS: In 2022, 1% of respondents reported they were not currently covered by health care insurance. Five percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents in the middle 20 percent household income bracket or without children in the household were more likely to report this.

From 2011 to 2022, the overall percent statistically decreased for respondents 18 and older who reported no current personal health care coverage, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically decreased for respondents 18 to 64 years old who reported no current personal health care coverage while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2019 to 2022, there was no statistical change.

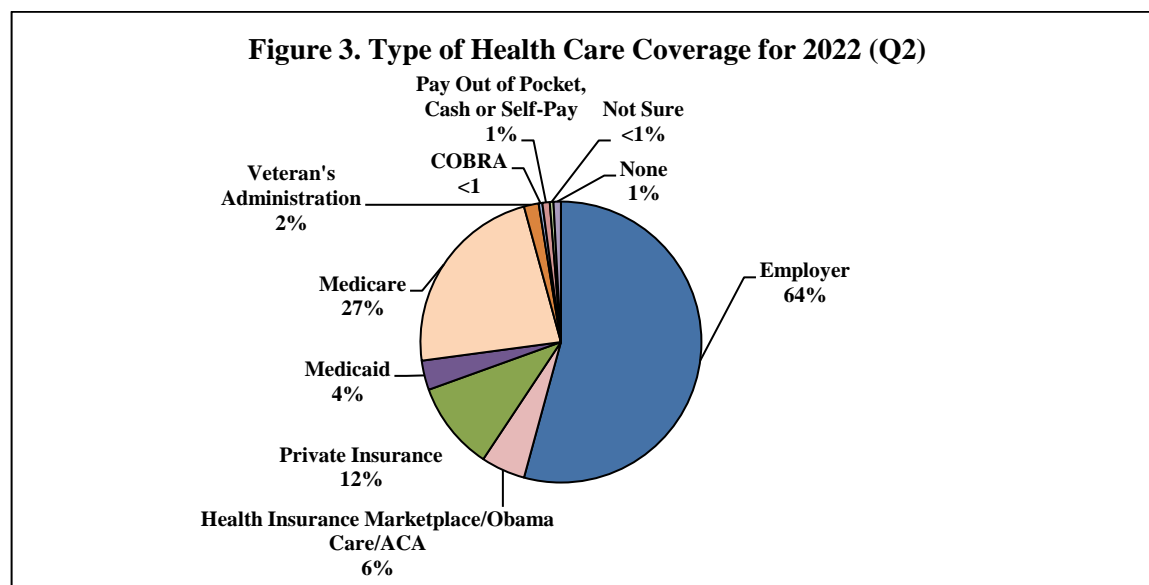
Personally Not Covered Currently

The Healthy People 2030 goal for persons under 65 years not having medical insurance is 8%. (Objective AHS-01)

In 2020, 8% of Wisconsin respondents 18 and older reported they personally did not have health care coverage. Eleven percent of U.S. respondents reported this. Nine percent of Wisconsin respondents 18 to 64 years old did not have health care coverage while 13% of U.S. respondents 18 to 64 years old reported this (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 3)

- One percent of respondents reported they were not currently covered by any health care insurance. Sixty-four percent reported through an employer, either their own, or partner/spouse or parent. Twenty-seven percent reported Medicare while 12% reported private insurance they pay for themselves. Six percent reported insurance through the Health Insurance Marketplace/Obama Care or Affordable Care Act, also known as the ACA. Four percent reported Medicaid, including medical assistance, Title 19 or Badger Care. Two percent of respondents reported the Veteran's Administration.



- No demographic comparisons were conducted as a result of the low percent of respondents who reported they were not covered currently by health care insurance.

2011 to 2022 Year Comparisons (Table 3)

- From 2011 to 2022, there was a statistical decrease in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.
- In 2011, respondents 18 to 54 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they were not covered currently by health insurance.

2019 to 2022 Year Comparisons (Table 3)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents 18 and older who reported no current personal health care coverage. From 2019 to 2022, there was no statistical change in the overall percent of respondents 18 to 64 years old who reported no current personal health care coverage.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were not covered currently by health insurance in both study years.

Table 3. Personally No Current Health Care Coverage by Demographic Variables for Each Survey Year (Q2)^⓪

	2011	2014	2016 ^②	2019 ^②	2022 ^②
TOTAL					
All Respondents ^{a,b}	6%	6%	2%	3%	1%
Respondents 18 to 64 Years Old ^a	7	7	2	4	1
Gender					
Male	6	5	--	--	--
Female	5	6	--	--	--
Age ¹					
18 to 34	9	10	--	--	--
35 to 44	9	6	--	--	--
45 to 54	9	5	--	--	--
55 to 64	1	5	--	--	--
65 and Older	0	1	--	--	--
Education ^{1,2}					
High School or Less	6	2	--	--	--
Some Post High School	11	11	--	--	--
College Graduate	2	4	--	--	--
Household Income ^{1,2}					
Bottom 40 Percent Bracket	14	15	--	--	--
Middle 20 Percent Bracket	9	2	--	--	--
Top 40 Percent Bracket	1	0	--	--	--
Marital Status ^{1,2}					
Married	3	1	--	--	--
Not Married	9	12	--	--	--

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Someone in Household Not Covered

2022 Findings (Table 4)

- Five percent of respondents reported someone in their household was not covered by insurance at least part of the time in the past year.
- Twelve percent of respondents in the middle 20 percent household income bracket reported someone in their household was not covered in the past year compared to 5% of those in the bottom 40 percent income bracket or 2% of respondents in the top 40 percent household income bracket.
- Six percent of respondents without children in the household reported someone in their household was not covered in the past year compared to less than one percent of respondents with children in the household.

2011 to 2022 Year Comparisons (Table 4)

- From 2011 to 2022, the overall percent statistically decreased for respondents who reported someone in their household was not covered at least part of the time in the past year.
- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered in the past year. In 2022, respondents in the middle 20 percent household income bracket were more likely to report someone in their household was not covered in the past year. From 2011 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting someone in their household was not covered in the past year.
- In 2011, unmarried respondents were more likely to report someone in their household was not covered in the past year. In 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of unmarried respondents reporting someone in their household was not covered in the past year.
- In 2011 and 2022, respondents without children in the household were more likely to report someone in their household was not covered in the past year. From 2011 to 2022, there was a noted decrease in the percent of respondents with or without children in the household reporting someone in their household was not covered in the past year.

2019 to 2022 Year Comparisons (Table 4)

- From 2019 to 2022, the overall percent statistically remained the same for respondents who reported someone in their household was not covered at least part of the time in the past year.
- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered in the past year. In 2022, respondents in the middle 20 percent household income bracket were more likely to report someone in their household was not covered in the past year. From 2019 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting someone in their household was not covered in the past year.
- In 2019, unmarried respondents were more likely to report someone in their household was not covered in the past year. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of unmarried respondents reporting someone in their household was not covered in the past year.
- In 2019, and 2022, respondents without children in the household were more likely to report someone in their household was not covered in the past year.

Table 4. Someone in Household Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year (Q3)^⓪

	2011	2014	2016	2019	2022
TOTAL ^a	11%	15%	7%	6%	5%
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^{a,b}	23	30	21	21	5
Middle 20 Percent Bracket	15	8	0	3	12
Top 40 Percent Bracket	3	4	4	1	2
Marital Status ^{1,2,3,4}					
Married	5	7	2	2	4
Not Married ^{a,b}	18	25	14	11	5
Children in Household ^{1,4,5}					
Yes ^a	6	11	4	3	<1
No ^a	13	16	9	8	6

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

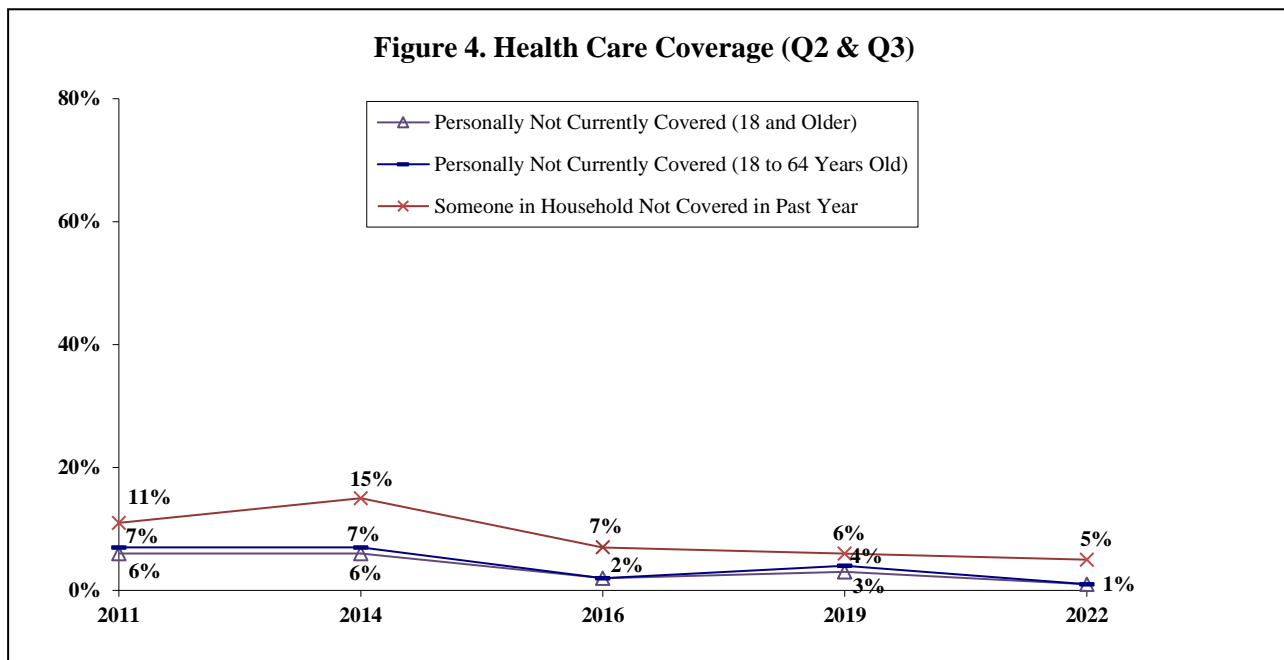
¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Health Care Coverage Overall

Year Comparisons

- From 2011 to 2022, the overall percent statistically decreased for respondents 18 and older who reported no current personal health care coverage, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically decreased for respondents 18 to 64 years old who reported no current personal health care coverage while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2019 to 2022, there was no statistical change.



Health Care Needed (Figure 5; Tables 5 - 8)

KEY FINDINGS: In 2022, 3% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year. Four percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents in the bottom 60 percent household income bracket were more likely to report this. Fourteen percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the middle 20 percent household income bracket or with children in the household were more likely to report this. Six percent of respondents reported in the past year they did not receive the mental health care services they needed or considered seeking; respondents 18 to 34 years old were more likely to report this. Less than one percent of respondents reported in the past year they did not receive the alcohol/substance abuse treatment they needed or considered seeking.

From 2011 to 2022, the overall percent statistically decreased for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically decreased for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically remained the same for respondents who reported unmet dental care for a household member in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically increased for respondents who reported unmet mental health care services in the past year while from 2019 to 2022, there was no statistical change. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only. In 2019, unmet mental health care services was asked of the household. In all other study years, it was asked of the respondent only.

Financial Burden of Prescription Medications

The Healthy People 2030 goal for people unable to obtain or having to delay needed prescription medicines in the past 12 months is 3%. (Objective AHS-06)

In 2017, 3% of U.S. respondents reported they were unable to obtain or had to delay prescription medicines in the past year (2017 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 5)

- Three percent of respondents reported in the past year someone in their household had not taken their prescribed medication due to prescription costs.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported someone had not taken their prescribed medication due to prescription costs in the past year.

2011 to 2022 Year Comparisons (Table 5)

- From 2011 to 2022, the overall percent statistically decreased for respondents who reported in the past year someone in their household had not taken their prescribed medication due to prescription costs.
- In 2011, respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report someone had not taken their prescribed medication due to prescription costs in the past year.

2019 to 2022 Year Comparisons (Table 5)

- From 2019 to 2022, the overall percent statistically decreased for respondents who reported in the past year someone in their household had not taken their prescribed medication due to prescription costs.
- In 2019, unmarried respondents were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year.

Table 5. Prescription Medications Not Taken Due to Cost in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q4)^o

	2011	2014	2016	2019	2022
TOTAL ^{a,b}	9%	11%	9%	10%	3%
Household Income ^{1,2,3}					
Bottom 40 Percent Bracket	19	20	16	11	--
Middle 20 Percent Bracket	12	6	13	15	--
Top 40 Percent Bracket	3	4	5	8	--
Marital Status ^{1,2,4}					
Married	6	7	7	7	--
Not Married	13	15	11	15	--
Children in Household					
Yes	7	13	10	11	--
No	11	9	8	10	--

^oPercentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2011; ²demographic difference at $p \leq 0.05$ in 2014; ³demographic difference at $p \leq 0.05$ in 2016; ⁴demographic difference at $p \leq 0.05$ in 2019; ⁵demographic difference at $p \leq 0.05$ in 2022

^ayear difference at $p \leq 0.05$ from 2011 to 2022; ^byear difference at $p \leq 0.05$ from 2019 to 2022

Unmet Medical Care

The Healthy People 2030 goal for people unable to obtain or having to delay medical care, tests or treatments they or a doctor believed necessary in the past 12 months is 3%. (Objective AHS-04)

In 2017, 4% of U.S. respondents reported they were unable to obtain or had to delay medical care in the past year (2017 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 6)

- Four percent of respondents reported in the past year someone in their household did not receive the medical care needed.
- Eight percent of respondents in the bottom 60 percent household income bracket reported someone in their household did not receive the medical care needed in the past year compared to 2% of respondents in the top 40 percent household income bracket.

Of the 4% of respondents who reported an unmet medical care need in the household (n=15)...

- Of the 15 respondents who reported an unmet medical care need, 3 respondents each reported the inability to pay or unable to get appointment as the reason for the unmet need.

2011 to 2022 Year Comparisons (Table 6)

In 2011, the question was asked of respondents only. In 2022, the question was asked about any household member.

- From 2011 to 2022, the overall percent statistically decreased for respondents who reported in the past year someone did not receive the medical care needed.
- In 2011, household income was not a significant variable. In 2022, respondents in the bottom 60 percent household income bracket were more likely to report in the past year someone did not receive the medical care needed.
- In 2011, unmarried respondents were more likely to report in the past year someone in the household did not receive the medical care needed. In 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of unmarried respondents reporting in the past year someone in the household did not receive the medical care needed.
- In 2011 and 2022, the presence of children in the household was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents without children in the household reporting in the past year someone in the household did not receive the medical care needed.

2019 to 2022 Year Comparisons (Table 6)

- From 2019 to 2022, the overall percent statistically decreased for respondents who reported in the past year someone did not receive the medical care needed.
- In 2019, household income was not a significant variable. In 2022, respondents in the bottom 60 percent household income bracket were more likely to report in the past year someone did not receive the medical care needed. From 2019 to 2022, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting in the past year someone in the household did not receive the medical care needed.

Table 6. Unmet Medical Care in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q5)^{①,②}

	2011	2014	2016	2019	2022
TOTAL ^{a,b}	8%	11%	11%	8%	4%
Household Income ^{2,3,5}					
Bottom 40 Percent Bracket	8	22	22	8	8
Middle 20 Percent Bracket	12	5	28	0	8
Top 40 Percent Bracket ^b	4	3	4	7	2
Marital Status ^{1,2,3}					
Married	5	8	8	6	3
Not Married ^a	12	15	16	9	4
Children in Household					
Yes	5	11	8	7	3
No ^a	9	11	13	8	4

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Since 2019, the question was asked of any household member. In prior years, it was asked of respondents only.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Unmet Dental Care

The Healthy People 2030 goal for people unable to obtain or having to delay dental care, tests or treatments they or a doctor believed necessary in the past 12 months is 4%. (Objective AHS-05)

In 2017, 5% of U.S. respondents reported they were unable to obtain or had to delay dental care in the past year (2017 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 7)

- Fourteen percent of respondents reported in the past year someone in the household did not receive the dental care needed.
- Twenty-eight percent of respondents in the middle 20 percent household income bracket reported someone in their household did not receive the dental care needed in the past year compared to 18% of those in the bottom 40 percent income bracket or 12% of respondents in the top 40 percent household income bracket.
- Twenty percent of respondents with children in the household reported someone in their household did not receive the dental care needed in the past year compared to 12% of respondents without children in the household.

Of the 14% of respondents who reported an unmet dental care need in the household (n=57)...

- Of the 57 respondents who reported not receiving dental care needed, 33% reported the inability to pay as the reason for the unmet need while 25% reported they were uninsured.

2011 to 2022 Year Comparisons (Table 7)

In 2011, the question was asked of respondents only. In 2022, the question was asked about any household member.

- From 2011 to 2022, the overall percent statistically remained the same for respondents who reported in the past year someone in the household did not receive the dental care needed.
- In 2011, household income was not a significant variable. In 2022, respondents in the middle 20 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed.
- In 2011 and 2022, respondents with children in the household were more likely to report in the past year someone did not receive the dental care needed.

2019 to 2022 Year Comparisons (Table 7)

- From 2019 to 2022, the overall percent statistically remained the same for respondents who reported in the past year someone in the household did not receive the dental care needed.
- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed. In 2022, respondents in the middle 20 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed, with a noted increase since 2019.
- In 2019, unmarried respondents were more likely to report in the past year someone did not receive the dental care needed. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of married respondents reporting in the past year someone did not receive the dental care needed.

- In 2019, the presence of children in the household was not a significant variable. In 2022, respondents with children in the household were more likely to report in the past year someone did not receive the dental care needed, with a noted increase since 2019.

Table 7. Unmet Dental Care in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q7)^{①,②}

	2011	2014	2016	2019	2022
TOTAL	12%	14%	15%	10%	14%
Household Income ^{2,3,4,5}					
Bottom 40 Percent Bracket	14	32	34	24	18
Middle 20 Percent Bracket ^b	14	3	26	3	28
Top 40 Percent Bracket	11	3	8	7	12
Marital Status ^{2,4}					
Married ^b	12	8	14	6	15
Not Married	11	21	18	17	13
Children in Household ^{1,5}					
Yes ^b	19	14	19	7	20
No	8	14	13	12	12

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Since 2019, the question was asked of any household member. In prior years, it was asked of respondents only.

¹demographic difference at $p \leq 0.05$ in 2011; ²demographic difference at $p \leq 0.05$ in 2014; ³demographic difference at $p \leq 0.05$ in 2016; ⁴demographic difference at $p \leq 0.05$ in 2019; ⁵demographic difference at $p \leq 0.05$ in 2022

^ayear difference at $p \leq 0.05$ from 2011 to 2022; ^byear difference at $p \leq 0.05$ from 2019 to 2022

Unmet Mental Health Care Services

2022 Findings (Table 8)

- Six percent of respondents reported in the past year they did not receive the mental health care services they needed or considered seeking.
- Thirteen percent of respondents 18 to 34 years old reported in the past year they did not receive the mental health care services they needed or considered seeking compared to 2% of those 45 to 54 years old or less than one percent of respondents 65 and older.

Of the 6% of respondents who reported an unmet mental health care service (n=25)...

- Of the 25 respondents who reported not receiving mental health care service needed, 27% each reported they were unable to get appointment or specialty physician not in area as the reason for the unmet need while 23% reported insurance did not cover it.

2011 to 2022 Year Comparisons (Table 8)

- From 2011 to 2022, the overall percent statistically increased for respondents who reported in the past year they did not receive the mental health care services they needed or considered seeking.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported in the past year they did not receive the mental health care services they needed or considered seeking in 2011.

2019 to 2022 Year Comparisons (Table 8)

In 2019, the question was asked about any household member. In 2022, the question was asked of respondents only.

- From 2019 to 2022, the overall percent statistically remained the same for respondents who reported in the past year they did not receive the mental health care services they needed or considered seeking.
- In 2019, female respondents were more likely to report in the past year they did not receive the mental health care services they needed or considered seeking. In 2022, gender was not a significant variable.
- In 2019 and 2022, respondents 18 to 34 years old were more likely to report in the past year they did not receive the mental health care services they needed or considered seeking.

Table 8. Unmet Mental Health Care Services in Past Year by Demographic Variables for Each Survey Year (Q9)^{①,②}

	2011 ^③	2014 ^③	2016	2019	2022
TOTAL ^a	2%	3%	4%	7%	6%
Gender ⁴					
Male	--	--	3	4	4
Female	--	--	5	11	8
Age ^{3,4,5}					
18 to 34	--	--	0	16	13
35 to 44	--	--	15	12	8
45 to 54	--	--	8	4	2
55 to 64	--	--	0	3	8
65 and Older	--	--	0	1	<1
Education ³					
High School or Less	--	--	7	6	1
Some Post High School	--	--	0	7	7
College Graduate	--	--	6	8	7
Household Income ³					
Bottom 40 Percent Bracket	--	--	10	11	5
Middle 20 Percent Bracket	--	--	0	0	4
Top 40 Percent Bracket	--	--	4	8	9
Marital Status					
Married	--	--	5	5	7
Not Married	--	--	4	11	5

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②In 2019, the question was asked of any household member. In all other study years, the question was asked of respondents only.

^③Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Unmet Alcohol /Substance Abuse Treatment

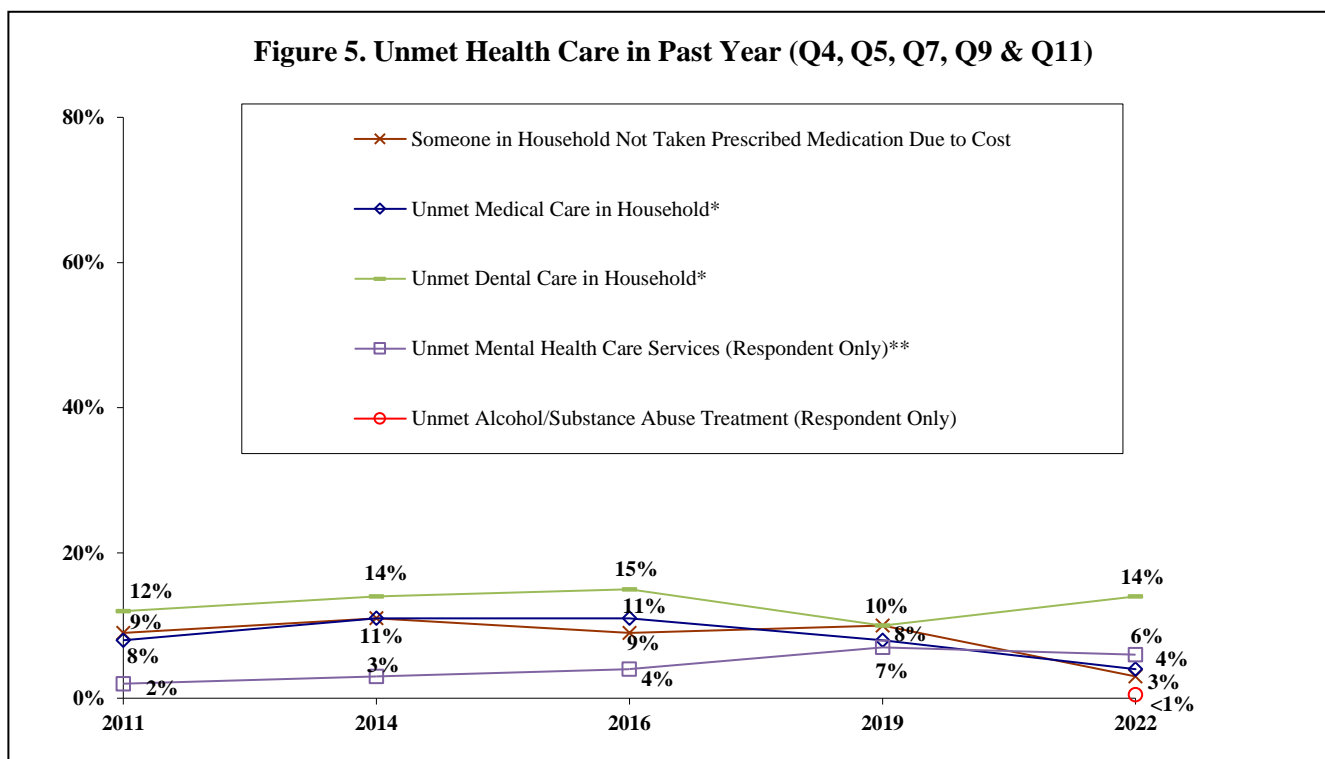
2022 Findings

- Less than one percent of respondents reported in the past year they did not receive the alcohol/substance abuse treatment they needed or considered seeking.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they did not receive the alcohol/substance abuse treatment they needed or considered seeking.

Health Care Needed Overall

Year Comparisons

- From 2011 to 2022, the overall percent statistically decreased for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically decreased for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically remained the same for respondents who reported unmet dental care for a household member in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically increased for respondents who reported unmet mental health care services in the past year while from 2019 to 2022, there was no statistical change. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only. In 2019, unmet mental health care services was asked of the household. In all other study years, it was asked of the respondent only.



*Since 2019, the question was asked of any household member. In previous years, the question was asked of the respondent only.

**In 2019, the question was asked of any household member. In all other study years, the question was asked of respondents only.

Economic Hardships (Figure 6; Tables 9 & 10)

KEY FINDINGS: In 2022, less than one percent of respondents reported their household went hungry because they didn't have enough food in the past year. Five percent of respondents disagreed or strongly disagreed "During the past month, my household has been able to meet its needs with the money and resources we have." Respondents with children in the household were more likely to disagree their household was able to meet its needs with the money and resources they have. Two percent of respondents reported they had an issue with their current housing situation.

From 2016 to 2022, there was a statistical decrease in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year, as well as from 2019 to 2022.

Food Insecurity

2022 Findings (Table 9)

- Less than one percent of respondents reported their household went hungry because they didn't have enough food in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported their household went hungry because they didn't have enough food in the past year.

2016 to 2022 Year Comparisons (Table 9)

- From 2016 to 2022, there was a statistical decrease in the overall percent of respondents who reported they didn't have enough food in the past year.
- In 2016, respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report they didn't have enough food in the past year.

2019 to 2022 Year Comparisons (Table 9)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who reported they didn't have enough food in the past year.
- In 2019, respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report they didn't have enough food in the past year.

Table 9. Household Went Hungry in Past Year by Demographic Variables for Each Survey Year (Q63)^①

	2016	2019	2022 ^②
TOTAL ^{a,b}	6%	4%	<1%
Household Income ^{1,2}			
Bottom 40 Percent Bracket	22	16	--
Middle 20 Percent Bracket	0	0	--
Top 40 Percent Bracket	1	<1	--
Marital Status ^{1,2}			
Married	2	<1	--
Not Married	10	10	--
Children in Household			
Yes	7	3	--
No	5	5	--

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at $p \leq 0.05$ in 2016; ²demographic difference at $p \leq 0.05$ in 2019

³demographic difference at $p \leq 0.05$ in 2022

^ayear difference at $p \leq 0.05$ from 2016 to 2022; ^byear difference at $p \leq 0.05$ from 2019 to 2022

Household Able to Meet Needs with Money and Resources

2022 Findings (Table 10)

- Five percent of respondents disagreed or strongly disagreed “During the past month, my household has been able to meet its needs with the money and resources we have.” Seventy percent of respondents strongly agreed and 25% agreed.
- Eleven percent of respondents with children in the household strongly disagreed/disagreed in the past month their household was able to meet its needs with the money and resources they have compared to 3% of respondents without children in the household.

Table 10. Strongly Disagree/Disagree Household Able to Meet Needs with Money and Resources in Past Month by Demographic Variables for 2022 (Q64)[®]

	2022
TOTAL	5%
Household Income	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	8
Top 40 Percent Bracket	4
Marital Status	
Married	6
Not Married	4
Children in Household ¹	
Yes	11
No	3

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Issue with Current Housing Situation

2022 Findings

- Two percent of respondents reported they had an issue with their current housing situation.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they had an issue with their current housing situation.

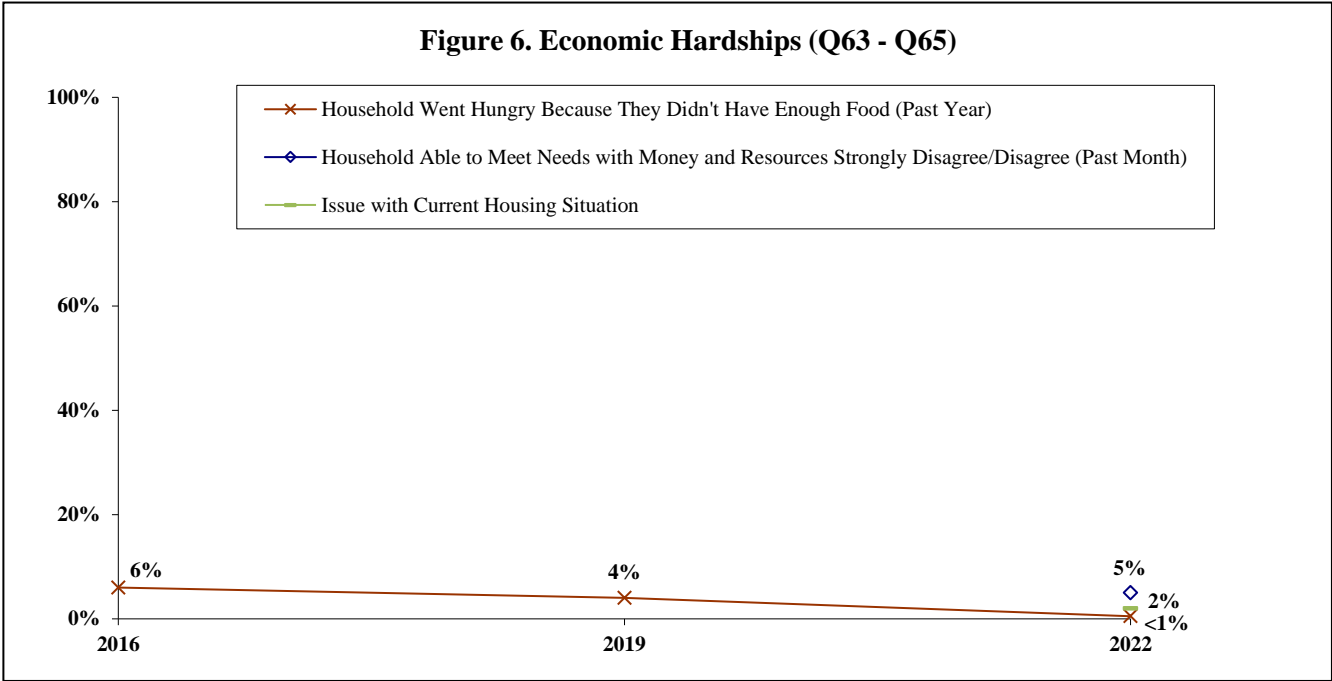
Of the 2% of respondents who reported they had an issue with their current housing situation in the household (n=7)...

- Of the 7 respondents who reported they had an issue with their current housing situation, 3 reported current housing is temporary, need permanent housing as the reason.

Economic Hardships Overall

Year Comparisons

- From 2016 to 2022, there was a statistical decrease in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year, as well as from 2019 to 2022.



Health Information (Figure 7; Tables 11 - 14)

KEY FINDINGS: In 2022, 71% of respondents reported they trust a doctor or other health professional the most for health information while 10% reported they were/family member was in the health care field and their source. Eight percent reported family/friends while 6% reported the Internet. Respondents 55 and older or with a high school education or less were more likely to report doctor or other health professional. Respondents who were female, 35 to 44 years old or in the top 40 percent household income bracket were more likely to report themselves or a family member in the health care field and their most trusted source for health information. Respondents who were male, 18 to 34 years old, with some post high school education or in the bottom 40 percent household income bracket were more likely to report family/friends. Respondents 18 to 34 years old or 45 to 54 years old were more likely to report the Internet.

From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they were/family member was in the health care field or family/friends as their source of health information while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022.

Source for Health Information

2022 Findings

- Seventy-one percent of respondents reported they trust a doctor or other health professional, nurse, nurse practitioner or pharmacist the most for health information while 10% reported they were/family member was in the health care field. Eight percent reported family/friends while 6% reported the Internet as their most trusted source for health information.

Doctor or Other Health Professional as Source for Health Information

2022 Findings (Table 11)

- Seventy-one percent of respondents reported they trust their doctor/other health professional the most for health information.
- Eighty-three percent of respondents 65 and older and 81% of those 55 to 64 years old reported doctor or other health professional as their source for health information compared to 54% of respondents 18 to 34 years old.
- Eighty-six percent of respondents with a high school education or less reported doctor/other health professional as their source for health information compared to 69% of those with a college education or 64% of respondents with some post high school education.

2011 to 2022 Year Comparisons (Table 11)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust a doctor or other health professional the most for health information.
- In 2011 and 2022, gender was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents across gender reporting doctor or other health professional as their source for health information.

- In 2011, respondents 65 and older were more likely to report doctor or other health professional as their source for health information. In 2022, respondents 55 and older were more likely to report doctor or other health professional as their source for health information. From 2011 to 2022, there was a noted increase in the percent of respondents 45 and older reporting doctor or other health professional as their source for health information.
- In 2011, respondents with some post high school education or less were more likely to report doctor or other health professional as their source for health information. In 2022, respondents with a high school education or less were more likely to report doctor or other health professional as their source for health information, with a noted increase since 2011. From 2011 to 2022, there was a noted increase in the percent of respondents with a college education reporting doctor or other health professional as their source for health information.
- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report doctor or other health professional as their source for health information. In 2022, household income was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting doctor or other health professional as their source for health information.
- In 2011 and 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents across marital status reporting doctor or other health professional as their source for health information.

2019 to 2022 Year Comparisons (Table 11)

- From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust a doctor or other health professional the most for health information.
- In 2019 and 2022, gender was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents across gender reporting doctor or other health professional as their source for health information.
- In 2019 and 2022, respondents 55 and older were more likely to report doctor or other health professional as their source for health information. From 2019 to 2022, there was a noted increase in the percent of respondents 45 and older reporting doctor or other health professional as their source for health information.
- In 2019, education was not a significant variable. In 2022, respondents with a high school education or less were more likely to report doctor or other health professional as their source for health information, with a noted increase since 2019. From 2019 to 2022, there was a noted increase in the percent of respondents with a college education reporting doctor or other health professional as their source for health information.
- In 2019, respondents in the middle 20 percent household income bracket were more likely to report doctor or other health professional as their source for health information. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting doctor or other health professional as their source for health information.
- In 2019 and 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents across marital status reporting doctor or other health professional as their source for health information.

Table 11. Doctor or Other Health Professional as Source for Health Information by Demographic Variables for Each Survey Year (Q14)^①

	2011	2014	2016	2019	2022
TOTAL ^{a,b}	47%	46%	53%	55%	71%
Gender					
Male ^{a,b}	49	42	50	57	73
Female ^{a,b}	46	49	56	53	68
Age ^{1,2,3,4,5}					
18 to 34	45	33	33	56	54
35 to 44	55	34	62	56	69
45 to 54 ^{a,b}	29	42	51	41	66
55 to 64 ^{a,b}	49	47	47	64	81
65 and Older ^{a,b}	63	72	76	64	83
Education ^{1,3,5}					
High School or Less ^{a,b}	55	54	73	56	86
Some Post High School	54	43	56	64	64
College Graduate ^{a,b}	38	43	43	51	69
Household Income ^{1,3,4}					
Bottom 40 Percent Bracket	58	50	78	63	70
Middle 20 Percent Bracket ^a	42	47	70	74	74
Top 40 Percent Bracket ^{a,b}	44	38	38	51	67
Marital Status					
Married ^{a,b}	45	44	53	56	69
Not Married ^{a,b}	50	47	53	54	73

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Myself/Family Member in Health Care Field as Source for Health Information

2022 Findings (Table 12)

- Ten percent of respondents reported they were, or a family member was, in the health care field and was their source for health information.
- Female respondents were more likely to report they were, or a family member was, in the health care field and their source for health information (13%) compared to male respondents (7%).
- Nineteen percent of respondents 35 to 44 years old reported they were, or a family member was, in the health care field and their source for health information compared to 7% of those 55 to 64 years old or 5% of respondents 65 and older.
- Fourteen percent of respondents in the top 40 percent household income bracket reported they were, or a family member was, in the health care field and their source for health information compared to 6% of those in the middle 20 percent income bracket or 3% of respondents in the bottom 40 percent household income bracket.

2011 to 2022 Year Comparisons (Table 12)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they were, or a family member was, in the health care field and was their source for health information.
- In 2011 and 2022, female respondents were more likely to report they were, or a family member was, in the health care field and was their source for health information.
- In 2011, age was not a significant variable. In 2022, respondents 35 to 44 years old were more likely to report they were, or a family member was, in the health care field and was their source for health information, with a noted increase since 2011.
- In 2011, respondents with a college education were more likely to report they were, or a family member was, in the health care field and was their source for health information. In 2022, education was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents with some post high school education reporting they were, or a family member was, in the health care field and was their source for health information.
- In 2011, household income was not a significant variable. In 2022, respondents in the top 40 percent household income bracket were more likely to report they were, or a family member was, in the health care field and was their source for health information.
- In 2011 and 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of married respondents reporting they were, or a family member was, in the health care field and was their source for health information.

2019 to 2022 Year Comparisons (Table 12)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they were, or a family member was, in the health care field and was their source for health information.
- In 2019, gender was not a significant variable. In 2022, female respondents were more likely to report they were, or a family member was, in the health care field and was their source for health information, with a noted increase since 2019.
- In 2019, age was not a significant variable. In 2022, respondents 35 to 44 years old were more likely to report they were, or a family member was, in the health care field and was their source for health information.
- In 2019, respondents with a college education were more likely to report they were, or a family member was, in the health care field and was their source for health information. In 2022, education was not a significant variable.
- In 2019, household income was not a significant variable. In 2022, respondents in the top 40 percent household income bracket were more likely to report they were, or a family member was, in the health care field and was their source for health information.
- In 2019, married respondents were more likely to report they were, or a family member was, in the health care field and was their source for health information. In 2022, marital status was not a significant variable.

Table 12. Myself/Family Member in Health Care Field as Source for Health Information by Demographic Variables for Each Survey Year (Q14)[®]

	2011	2014	2016	2019	2022
TOTAL ^a	6%	9%	7%	8%	10%
Gender ^{1,3,5}					
Male	3	8	4	8	7
Female ^b	8	11	11	7	13
Age ^{3,5}					
18 to 34	5	15	9	6	8
35 to 44 ^a	4	12	11	8	19
45 to 54	12	6	1	13	15
55 to 64	4	7	12	6	7
65 and Older	3	6	4	6	5
Education ^{1,2,3,4}					
High School or Less	0	1	1	2	3
Some Post High School ^a	4	11	3	4	11
College Graduate	11	12	12	12	11
Household Income ⁵					
Bottom 40 Percent Bracket	1	8	3	2	3
Middle 20 Percent Bracket	7	5	4	5	6
Top 40 Percent Bracket	8	12	11	10	14
Marital Status ⁴					
Married ^a	7	11	6	11	12
Not Married	4	7	9	2	6

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Family/Friends as Source for Health Information

2022 Findings (Table 13)

- Eight percent of respondents reported they trust their family/friends the most for health information.
- Male respondents were more likely to report family/friends as their source for health information (11%) compared to female respondents (4%).
- Seventeen percent of respondents 18 to 34 years old reported family/friends as their source for health information compared to 2% of those 45 to 54 years old or 1% of respondents 55 to 64 years old.
- Fifteen percent of respondents with some post high school education reported family/friends as their source for health information compared to 6% of those with a high school education or less or 5% of respondents with a college education.

- Seventeen percent of respondents in the bottom 40 percent household income bracket reported family/friends as their source for health information compared to 6% of respondents in the top 60 percent household income bracket.

2011 to 2022 Year Comparisons (Table 13)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust family/friends the most for health information.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they trust family/friends the most for health information in 2011.

2019 to 2022 Year Comparisons (Table 13)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they trust family/friends the most for health information.
- In 2019, gender was not a significant variable. In 2022, male respondents were more likely to report family/friends as their source for health information, with a noted increase since 2019.
- In 2019 and 2022, respondents 18 to 34 years old were more likely to report family/friends as their source for health information. From 2019 to 2022, there was a noted increase in the percent of respondents 35 to 44 years old reporting family/friends as their source for health information.
- In 2019, respondents with a high school education or less were more likely to report family/friends as their source for health information. In 2022, respondents with some post high school education were more likely to report family/friends as their source for health information. From 2019 to 2022, there was a noted increase in the percent of respondents with at least some post high school education reporting family/friends as their source for health information.
- In 2019 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report family/friends as their source for health information.
- In 2019, unmarried respondents were more likely to report family/friends as their source for health information. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of married respondents reporting family/friends as their source for health information.

Table 13. Family/Friends as Source for Health Information by Demographic Variables for Each Survey Year (Q14)^⓪

	2011 ^⓪	2014 ^⓪	2016	2019	2022
TOTAL ^a	2%	2%	6%	5%	8%
Gender ^{3,5}					
Male ^b	--	--	3	3	11
Female	--	--	9	6	4
Age ^{3,4,5}					
18 to 34	--	--	16	12	17
35 to 44 ^b	--	--	0	0	12
45 to 54	--	--	2	3	2
55 to 64	--	--	12	1	1
65 and Older	--	--	1	5	5
Education ^{3,4,5}					
High School or Less	--	--	11	13	6
Some Post High School ^b	--	--	12	5	15
College Graduate ^b	--	--	1	<1	5
Household Income ^{3,4,5}					
Bottom 40 Percent Bracket	--	--	2	10	17
Middle 20 Percent Bracket	--	--	0	0	6
Top 40 Percent Bracket	--	--	8	2	6
Marital Status ^{3,4}					
Married ^b	--	--	3	<1	6
Not Married	--	--	12	11	9

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^⓪Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Internet as Source for Health Information

2022 Findings (Table 14)

- Six percent of respondents reported they trust the Internet the most for health information.
- Eleven percent of respondents 45 to 54 years old and 10% of those 18 to 34 years old reported the Internet as their source of health information compared to 0% of respondents 35 to 44 years old.

2011 to 2022 Year Comparisons (Table 14)

- From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most for health information.
- In 2011 and 2022, gender was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents across gender reporting the Internet as their source for health information.

- In 2011 and 2022, respondents 18 to 34 years old or 45 to 54 years old were more likely to report the Internet as their source for health information. From 2011 to 2022, there was a noted decrease in the percent of respondents across age reporting the Internet as their source for health information.
- In 2011, respondents with a college education were more likely to report the Internet as their source for health information. In 2022, education was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents across education reporting the Internet as their source for health information.
- In 2011 and 2022, household income was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents across household income reporting the Internet as their source for health information.
- In 2011 and 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents across marital status reporting the Internet as their source for health information.

2019 to 2022 Year Comparisons (Table 14)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most for health information.
- In 2019 and 2022, gender was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents across gender reporting the Internet as their source for health information.
- In 2019, respondents 45 to 54 years old were more likely to report the Internet as their source for health information. In 2022, respondents 18 to 34 years old or 45 to 54 years old were more likely to report the Internet as their source for health information. From 2019 to 2022, there was a noted decrease in the percent of respondents 35 and older reporting the Internet as their source for health information.
- In 2019 and 2022, education was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents across education reporting the Internet as their source for health information.
- In 2019, respondents in the top 40 percent household income bracket were more likely to report the Internet as their source for health information. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents across household income reporting the Internet as their source for health information.
- In 2019 and 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents across marital status reporting the Internet as their source for health information.

Table 14. Internet as Source for Health Information by Demographic Variables for Each Survey Year (Q14)^⓪

	2011	2014	2016	2019	2022
TOTAL ^{a,b}	29%	33%	25%	23%	6%
Gender ³					
Male ^{a,b}	25	33	30	22	4
Female ^{a,b}	33	32	19	24	7
Age ^{1,2,3,4,5}					
18 to 34 ^a	36	39	23	19	10
35 to 44 ^{a,b}	27	48	22	23	0
45 to 54 ^{a,b}	37	40	43	36	11
55 to 64 ^{a,b}	33	30	26	21	6
65 and Older ^{a,b}	10	6	8	13	2
Education ^{1,3}					
High School or Less ^{a,b}	26	27	12	16	4
Some Post High School ^{a,b}	20	35	21	22	3
College Graduate ^{a,b}	37	34	32	26	7
Household Income ^{3,4}					
Bottom 40 Percent Bracket ^{a,b}	21	29	9	13	4
Middle 20 Percent Bracket ^{a,b}	36	39	19	21	4
Top 40 Percent Bracket ^{a,b}	29	37	35	28	9
Marital Status ³					
Married ^{a,b}	29	34	31	24	7
Not Married ^{a,b}	30	31	15	21	3

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

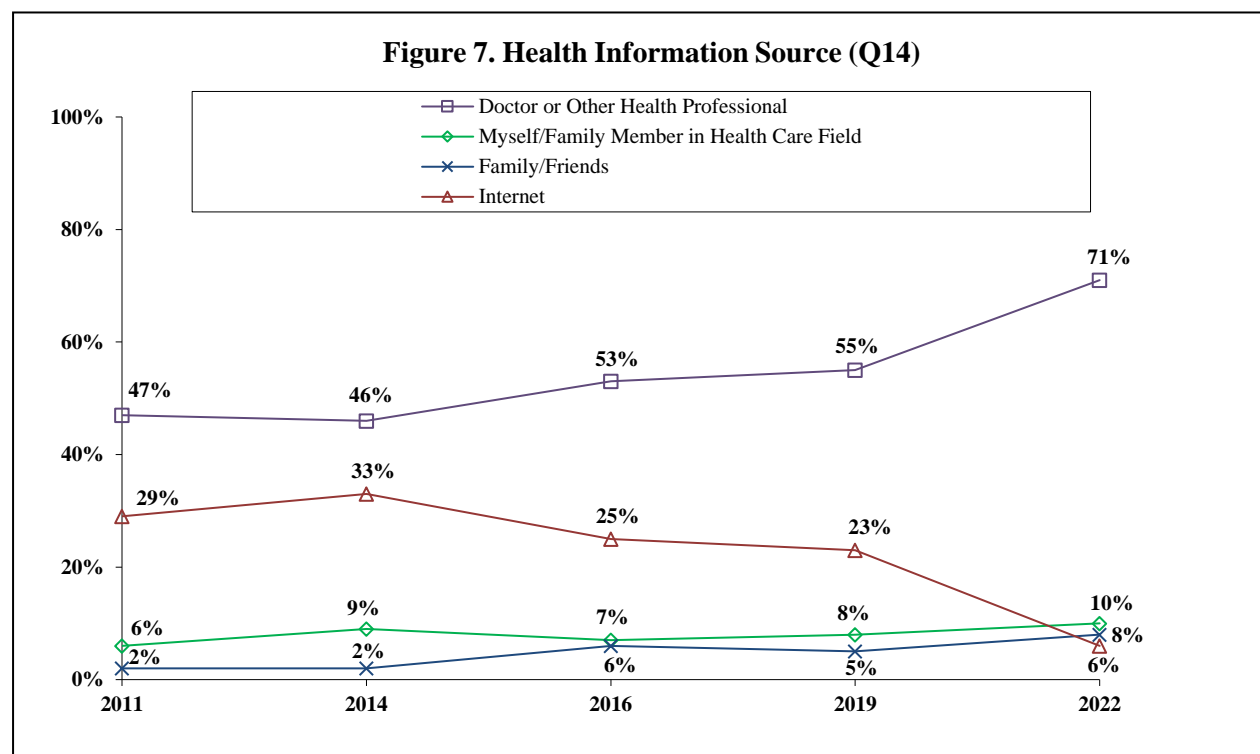
¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Health Information Overall

Year Comparisons

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they were/family member was in the health care field or family/friends as their source of health information while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022.



Health Services (Figure 8; Tables 15 - 18)

KEY FINDINGS: In 2022, 90% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 45 to 54 years old, 65 and older or married were more likely to report a primary care physician. Sixty-nine percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 13% reported an urgent care center. Seven percent reported a Quickcare clinic/Fastcare clinic. Respondents who were 65 and older or married were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 35 to 54 years old were more likely to report an urgent care center as their primary health care. Respondents 18 to 44 years old were more likely to report a Quickcare clinic/Fastcare clinic as their primary health care.

From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was a Quickcare clinic/Fastcare clinic, as well as from 2019 to 2022.

Primary Care Physician

The Healthy People 2030 goal for persons with a usual primary care provider is 84% (Objective AHS-07).

In 2020, 83% of Wisconsin respondents and 77% of U.S. respondents reported they have at least one person they think of as their personal doctor or health care provider (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 15)

- Ninety percent of respondents reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.
- Female respondents were more likely to report a primary care physician (94%) compared to male respondents (86%).
- Ninety-seven percent of respondents 65 and older and 95% of those 45 to 54 years old reported a primary care physician compared to 76% of respondents 18 to 34 years old.
- Married respondents were more likely to report a primary care physician compared to unmarried respondents (94% and 85%, respectively).

2016 to 2022 Year Comparisons (Table 15)

- From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.
- In 2016 and 2022, female respondents were more likely to report a primary care physician.

- In 2016, respondents 65 and older were more likely to report a primary care physician. In 2022, respondents 45 to 54 years old or 65 and older were more likely to report a primary care physician.
- In 2016 and 2022, married respondents were more likely to report a primary care physician.

2019 to 2022 Year Comparisons (Table 15)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.
- In 2019, gender was not a significant variable. In 2022, female respondents were more likely to report a primary care physician.
- In 2019, respondents 45 and older were more likely to report a primary care physician. In 2022, respondents 45 to 54 years old or 65 and older were more likely to report a primary care physician.
- In 2019 and 2022, education was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents with some post high school education reporting a primary care physician.
- In 2019, respondents in the top 40 percent household income bracket were more likely to report a primary care physician. In 2022, household income was not a significant variable.
- In 2019, marital status was not a significant variable. In 2022, married respondents were more likely to report a primary care physician.

Table 15. Have a Primary Care Physician by Demographic Variables for Each Survey Year (Q13)^o

	2016	2019	2022
TOTAL	93%	91%	90%
Gender ^{1,3}			
Male	90	89	86
Female	96	93	94
Age ^{1,2,3}			
18 to 34	82	73	76
35 to 44	92	91	92
45 to 54	97	98	95
55 to 64	96	97	91
65 and Older	100	97	97
Education			
High School or Less	93	94	86
Some Post High School ^b	96	86	95
College Graduate	92	93	90
Household Income ²			
Bottom 40 Percent Bracket	97	85	92
Middle 20 Percent Bracket	91	92	94
Top 40 Percent Bracket	92	95	90
Marital Status ^{1,3}			
Married	95	93	94
Not Married	90	88	85

^oPercentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2016; ²demographic difference at p≤0.05 in 2019

³demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2016 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Primary Health Care Services

2022 Findings

- Sixty-nine percent of respondents reported they go to a doctor's or nurse practitioner's office when they are sick. Thirteen percent reported urgent care center while 7% reported Quickcare clinic/Fastcare clinic. Three percent reported hospital emergency room. Two percent reported no usual place.

Doctor's or Nurse Practitioner's Office as Primary Health Care Service

2022 Findings (Table 16)

- Sixty-nine percent of respondents reported they go to doctor's or nurse practitioner's office when they are sick.
- Eighty-seven percent of respondents 65 and older reported a doctor's or nurse practitioner's office compared to 57% of those 18 to 34 years old or 48% of respondents 35 to 44 years old.

- Married respondents were more likely to report a doctor's or nurse practitioner's office compared to unmarried respondents (74% and 61%, respectively).

2011 to 2022 Year Comparisons (Table 16)

- From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place when they are sick was a doctor's or nurse practitioner's office.
- In 2011, female respondents were more likely to report a doctor's or nurse practitioner's office. In 2022, gender was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents across gender reporting a doctor's or nurse practitioner's office.
- In 2011, respondents 35 to 44 years old were more likely to report a doctor's or nurse practitioner's office. In 2022, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2011 to 2022, there was a noted decrease in the percent of respondents 35 to 44 years old or 55 to 64 years old reporting a doctor's or nurse practitioner's office.
- In 2011, respondents with some post high school education were more likely to report a doctor's or nurse practitioner's office. In 2022, education was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents with at least some post high school education reporting a doctor's or nurse practitioner's office.
- In 2011, respondents in the top 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. In 2022, household income was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a doctor's or nurse practitioner's office.
- In 2011 and 2022, married respondents were more likely to report a doctor's or nurse practitioner's office. From 2011 to 2022, there was a noted decrease in the percent of respondents across marital status reporting a doctor's or nurse practitioner's office.

2019 to 2022 Year Comparisons (Table 16)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was a doctor's or nurse practitioner's office.
- In 2019 and 2022, gender was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of male respondents reporting a doctor's or nurse practitioner's office.
- In 2019 and 2022, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2019 to 2022, there was a noted decrease in the percent of respondents 35 to 44 years old reporting a doctor's or nurse practitioner's office.
- In 2019 and 2022, household income was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a doctor's or nurse practitioner's office.
- In 2019, marital status was not a significant variable. In 2022, married respondents were more likely to report a doctor's or nurse practitioner's office.

Table 16. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for Each Survey Year (Q15)[®]

	2011	2014	2016	2019	2022
TOTAL ^a	81%	81%	75%	74%	69%
Gender ^{1,3}					
Male ^{a,b}	76	78	70	76	67
Female ^a	87	85	79	72	70
Age ^{1,2,3,4,5}					
18 to 34	69	67	57	50	57
35 to 44 ^{a,b}	94	69	52	75	48
45 to 54	76	91	84	82	72
55 to 64 ^a	85	86	86	81	71
65 and Older	89	91	91	86	87
Education ¹					
High School or Less	71	76	83	75	63
Some Post High School ^a	88	79	68	75	73
College Graduate ^a	84	85	75	74	69
Household Income ^{1,2}					
Bottom 40 Percent Bracket	80	74	67	77	73
Middle 20 Percent Bracket	71	83	83	79	72
Top 40 Percent Bracket ^{a,b}	87	88	71	75	66
Marital Status ^{1,2,3,5}					
Married ^a	89	86	78	76	74
Not Married ^a	73	75	70	72	61

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Urgent Care Center as Primary Health Care Service

2022 Findings (Table 17)

- Thirteen percent of respondents reported they go to an urgent care center when they are sick.
- Twenty-one percent of respondents 35 to 54 years old reported an urgent care center compared to 9% of those 55 to 64 years old or 7% of respondents 65 and older.

2011 to 2022 Year Comparisons (Table 17)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place when they are sick was an urgent care center.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their primary place when they are sick was an urgent care center in 2011.

2019 to 2022 Year Comparisons (Table 17)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was an urgent care center.
- In 2019, female respondents were more likely to report an urgent care center. In 2022, gender was not a significant variable.
- In 2019, respondents 18 to 34 years old were more likely to report an urgent care center. In 2022, respondents 35 to 54 years old were more likely to report an urgent care center. From 2019 to 2022, there was a noted decrease in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 45 to 54 years old reporting an urgent care center.

Table 17. Urgent Care Center as Primary Health Care Service by Demographic Variables for Each Survey Year (Q15)^⓪

	2011 ^⓪	2014	2016	2019	2022
TOTAL ^a	3%	5%	7%	14%	13%
Gender ⁴					
Male	--	5	5	10	13
Female	--	5	9	17	14
Age ^{2,3,4,5}					
18 to 34 ^b	--	6	11	31	13
35 to 44	--	14	15	17	21
45 to 54 ^b	--	3	6	4	21
55 to 64	--	3	1	11	9
65 and Older	--	1	3	4	7
Education					
High School or Less	--	4	5	14	12
Some Post High School	--	4	8	12	12
College Graduate	--	6	8	14	14
Household Income					
Bottom 40 Percent Bracket	--	6	5	13	9
Middle 20 Percent Bracket	--	8	6	18	20
Top 40 Percent Bracket	--	5	8	14	16
Marital Status					
Married	--	4	5	12	15
Not Married	--	6	9	16	11

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^⓪Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Quickcare Clinic/Fastcare Clinic as Primary Health Care Service

2022 Findings (Table 18)

- Seven percent of respondents reported they go to a Quickcare clinic/Fastcare clinic when they are sick.
- Thirteen percent of respondents 18 to 34 years old and 11% of those 35 to 44 years old reported a Quickcare clinic/Fastcare clinic compared to 2% of respondents 45 to 54 years old or 65 and older.

2016 to 2022 Year Comparisons (Table 18)

- From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place when they are sick was a Quickcare clinic/Fastcare clinic.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their primary place when they are sick was a Quickcare clinic/Fastcare clinic in 2016.

2019 to 2022 Year Comparisons (Table 18)

- From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place when they are sick was a Quickcare clinic/Fastcare clinic.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their primary place when they are sick was a Quickcare clinic/Fastcare clinic in 2019.

Table 18. Quickcare Clinic/Fastcare Clinic as Primary Health Care Service by Demographic Variables for Each Survey Year (Q15)^①

	2016 ^②	2019 ^②	2022
TOTAL ^{a,b}	3%	2%	7%
Gender			
Male	--	--	9
Female	--	--	4
Age ³			
18 to 34	--	--	13
35 to 44	--	--	11
45 to 54	--	--	2
55 to 64	--	--	8
65 and Older	--	--	2
Education			
High School or Less	--	--	7
Some Post High School	--	--	5
College Graduate	--	--	7
Household Income			
Bottom 40 Percent Bracket	--	--	6
Middle 20 Percent Bracket	--	--	4
Top 40 Percent Bracket	--	--	10
Marital Status			
Married	--	--	6
Not Married	--	--	8

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2016; ²demographic difference at p≤0.05 in 2019

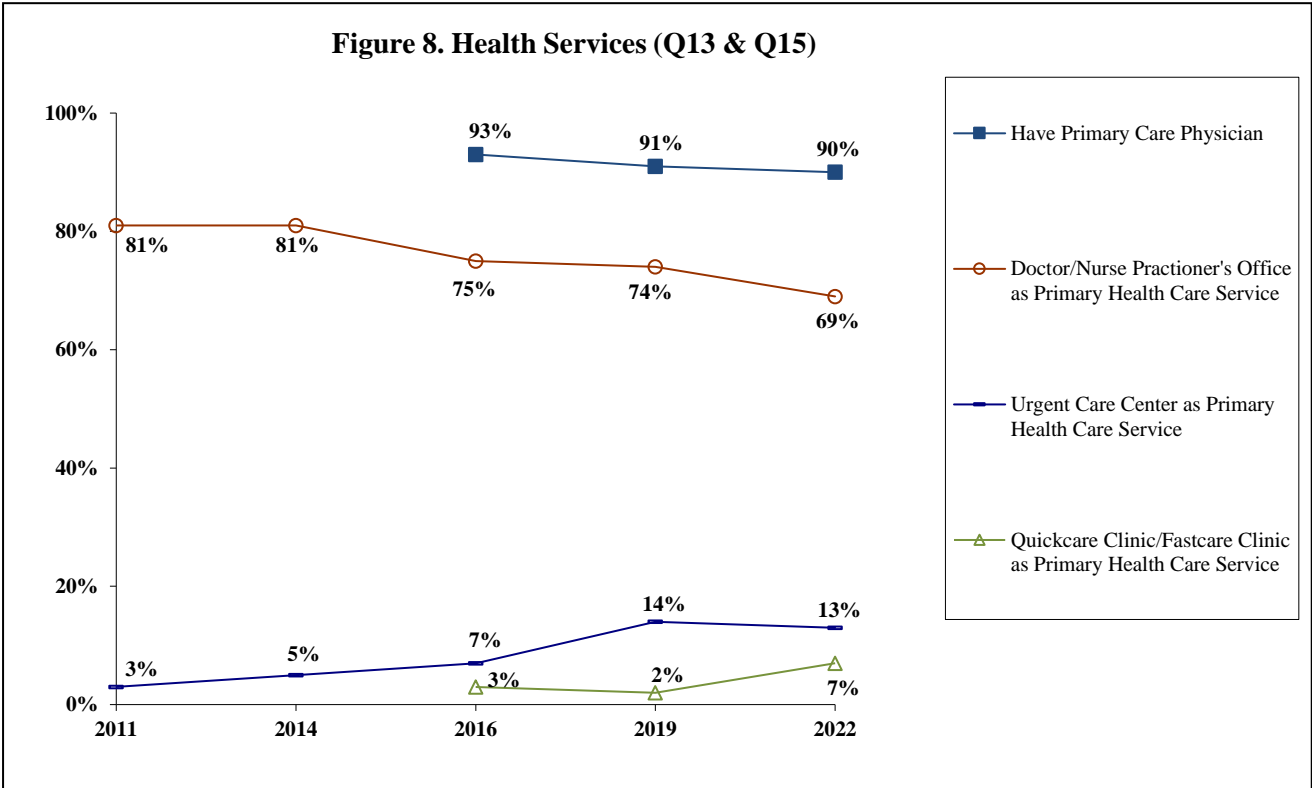
³demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2016 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Health Services Overall

Year Comparisons

- From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician , as well as from 2019 to 2022. From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor’s/nurse practitioner’s office while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was a Quickcare clinic/Fastcare clinic, as well as from 2019 to 2022.

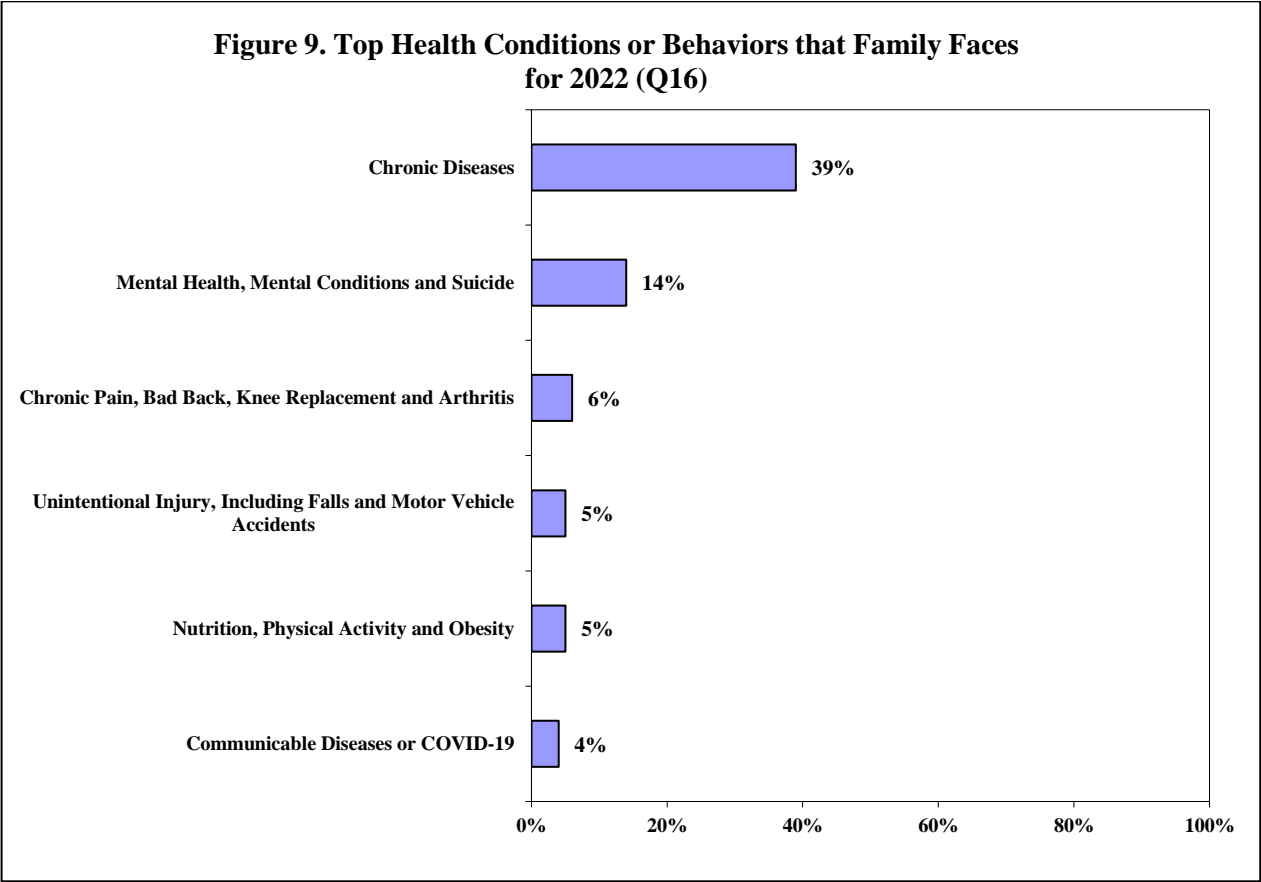


Top Health Conditions or Behaviors That Family Faces (Figure 9; Tables 19 - 24)

KEY FINDINGS: In 2022, respondents were asked to list the top two health conditions or behaviors that they and their family face at this time. The most often cited were chronic diseases (39%) or mental health, mental conditions and suicide (14%). Respondents without children in the household were more likely to report chronic diseases as a top health condition or behavior. Respondents in the middle 20 percent household income bracket or with children in the household were more likely to report mental health, mental conditions and suicide. Six percent of respondents reported chronic pain, bad back, knee replacement and arthritis. Five percent of respondents reported unintentional injury, including falls and motor vehicle accidents. Five percent of respondents reported nutrition, physical activity and obesity as a top health condition or behavior. Four percent of respondents reported communicable diseases or COVID-19; respondents with children in the household were more likely to report this.

2022 Findings

- Respondents were asked to list the two largest health conditions or behaviors that their family faces at this time. Respondents were more likely to report chronic diseases (39%) or mental health, mental conditions and suicide (14%). Six percent were not sure while 22% did not answer.



Chronic Diseases as a Top Health Condition or Behavior

2022 Findings (Table 19)

- Thirty-nine percent of respondents reported chronic diseases as one of the top two health conditions or behaviors that they and their family face at this time.
- Forty-six percent of respondents without children in the household reported chronic diseases as one of the top health conditions or behaviors compared to 24% of respondents with children in the household.

Table 19. Chronic Diseases as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)[®]

	2022
TOTAL	39%
Household Income	
Bottom 40 Percent Bracket	44
Middle 20 Percent Bracket	39
Top 40 Percent Bracket	38
Marital Status	
Married	37
Not Married	43
Children in Household ¹	
Yes	24
No	46

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Mental Health, Mental Conditions and Suicide as a Top Health Condition or Behavior

2022 Findings (Table 20)

- Fourteen percent of respondents reported mental health, mental conditions and suicide as one of the top two health conditions or behaviors that they and their family face at this time.
- Twenty percent of respondents in the middle 20 percent household income bracket reported mental health, mental conditions and suicide as one of the top health conditions or behaviors compared to 17% of those in the top 40 percent income bracket or 4% of respondents in the bottom 40 percent household income bracket.
- Twenty-one percent of respondents with children in the household reported mental health, mental conditions and suicide as a top health condition or behavior compared to 11% of respondents without children in the household.

Table 20. Mental Health, Mental Conditions and Suicide as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)^⓪

	2022
TOTAL	14%
Household Income ¹	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	20
Top 40 Percent Bracket	17
Marital Status	
Married	16
Not Married	12
Children in Household ¹	
Yes	21
No	11

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Chronic Pain, Bad Back, Knee Replacement and Arthritis as a Top Health Condition or Behavior

2022 Findings (Table 21)

- Six percent of respondents reported chronic pain, bad back, knee replacement and arthritis as one of the top two health conditions or behaviors that they and their family face at this time.
- There were no statistically significant differences between demographic variables and responses of chronic pain, bad back, knee replacement and arthritis as one of the top two health conditions or behaviors that they and their family face at this time.

Table 21. Chronic Pain, Bad Back, Knee Replacement and Arthritis as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)^⓪

	2022
TOTAL	6%
Household Income	
Bottom 40 Percent Bracket	8
Middle 20 Percent Bracket	6
Top 40 Percent Bracket	5
Marital Status	
Married	6
Not Married	4
Children in Household	
Yes	4
No	6

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Unintentional Injury, Including Falls and Motor Vehicle Accidents as a Top Health Condition or Behavior

2022 Findings (Table 22)

- Five percent of respondents reported unintentional injury, including falls and motor vehicle accidents as one of the top two health conditions or behaviors that they and their family face at this time.
- There were no statistically significant differences between demographic variables and responses of unintentional injury, including falls and motor vehicle accidents as one of the top two health conditions or behaviors that they and their family face at this time.

Table 22. Unintentional Injury, Including Falls and Motor Vehicle Accidents as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)[®]

	2022
TOTAL	5%
Household Income	
Bottom 40 Percent Bracket	8
Middle 20 Percent Bracket	0
Top 40 Percent Bracket	6
Marital Status	
Married	6
Not Married	4
Children in Household	
Yes	5
No	5

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Nutrition, Physical Activity and Obesity as a Top Health Condition or Behavior

2022 Findings (Table 23)

- Five percent of respondents reported nutrition, physical activity and obesity as one of the top two health conditions or behaviors that they and their family face at this time.
- There were no statistically significant differences between demographic variables and responses of nutrition, physical activity and obesity as one of the top two health conditions or behaviors that they and their family face at this time.

Table 23. Nutrition, Physical Activity and Obesity as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)[®]

	2022
TOTAL	5%
Household Income	
Bottom 40 Percent Bracket	6
Middle 20 Percent Bracket	2
Top 40 Percent Bracket	5
Marital Status	
Married	5
Not Married	4
Children in Household	
Yes	7
No	4

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Communicable Diseases or COVID-19 as a Top Health Condition or Behavior

2022 Findings (Table 24)

- Four percent of respondents reported communicable diseases or COVID-19 as one of the top two health conditions or behaviors that they and their family face at this time.
- Seven percent of respondents with children in the household reported communicable diseases or COVID-19 as one of the top health conditions or behaviors compared to 2% of respondents without children in the household.

Table 24. Communicable Diseases or COVID-19 as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)[®]

	2022
TOTAL	4%
Household Income	
Bottom 40 Percent Bracket	3
Middle 20 Percent Bracket	0
Top 40 Percent Bracket	5
Marital Status	
Married	4
Not Married	2
Children in Household ¹	
Yes	7
No	2

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Prevalence of Select Health Conditions (Figures 10 & 11; Tables 25 - 30)

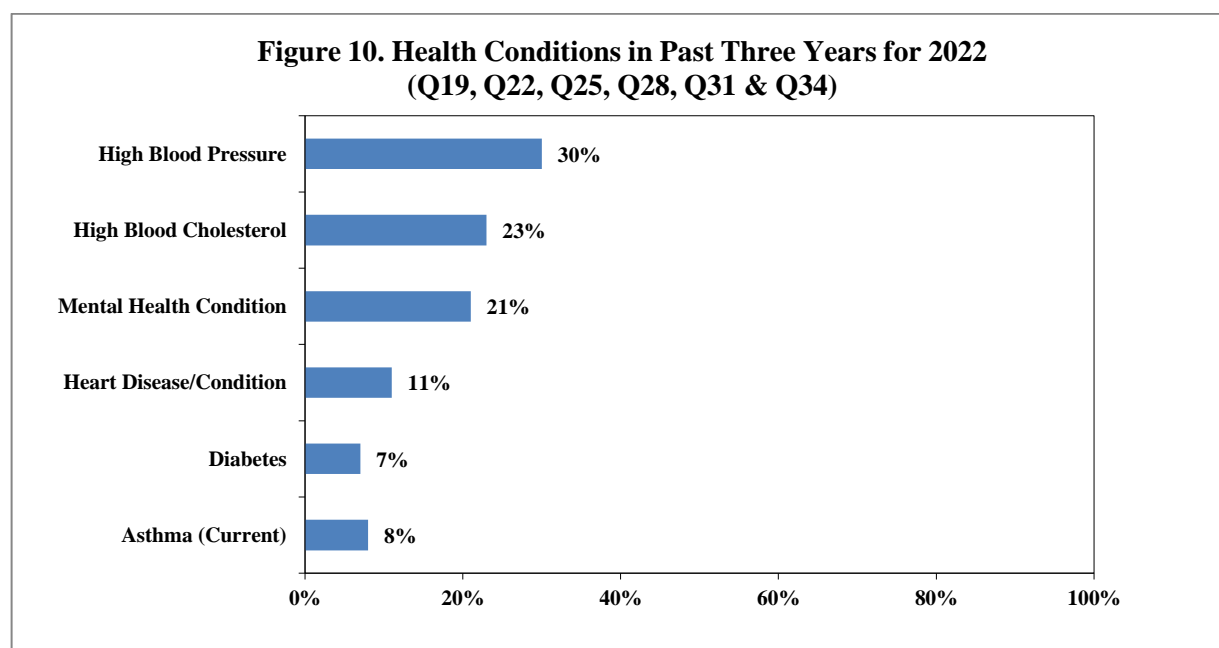
Respondents were asked a series of questions regarding if they were diagnosed with, or treated for, certain health conditions in the past three years. Current diagnosis of asthma was asked.

KEY FINDINGS: In 2022, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (30%), high blood cholesterol (23%) or a mental health condition (21%). Respondents who were male or 65 and older were more likely to report high blood pressure. Respondents who were 65 and older, in the bottom 40 percent household income bracket or overweight were more likely to report high blood cholesterol. Respondents who were female, 18 to 44 years old or with some post high school education were more likely to report a mental health condition. Eleven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents 65 and older or in the bottom 60 percent household income bracket were more likely to report heart disease/condition. Seven percent of respondents reported diabetes; respondents 65 and older or in the bottom 60 percent household income bracket were more likely to report this. Eight percent reported current asthma; female respondents were more likely to report this. Of respondents who reported these health conditions, at least 85% reported they were regularly seeing a doctor, nurse or other health care provider for their high blood pressure, high blood cholesterol, heart disease/condition, mental health condition or diabetes while 66% reported current asthma.

From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol, diabetes or current asthma, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported heart disease/condition, as well as from 2019 to 2022.

2022 Findings

- Respondents were more likely to report high blood pressure (30%), high blood cholesterol (23%) or a mental health condition (21%) in the past three years out of six health conditions listed.



High Blood Pressure

2022 Findings (Table 25)

- Thirty percent of respondents reported high blood pressure in the past three years.
- Male respondents were more likely to report high blood pressure in the past three years (34%) compared to female respondents (25%).
- Respondents 65 and older were more likely to report high blood pressure (55%) compared to those 35 to 44 years old (10%) or respondents 18 to 34 years old (9%).
 - Of the 118 respondents who reported high blood pressure, 94% were regularly seeing a doctor, nurse or other health care provider for their high blood pressure.

Of the 6% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their high blood pressure (n=7)...

- Of the 7 respondents who reported not regularly seeing a doctor, nurse or other health care provider for their high blood pressure, 4 respondents reported under control with medication/lifestyle changes as the reason.

2011 to 2022 Year Comparisons (Table 25)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure in the past three years.
- In 2011, gender was not a significant variable. In 2022, male respondents were more likely to report high blood pressure.
- In 2011 and 2022, respondents 65 and older were more likely to report high blood pressure.
- In 2011 and 2022, household income was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting high blood pressure.
- In 2011, overweight respondents were more likely to report high blood pressure. In 2022, overweight status was not a significant variable.
- In 2011, nonsmokers were more likely to report high blood pressure. In 2022, smoking status was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of smokers reporting high blood pressure.

2019 to 2022 Year Comparisons (Table 25)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure in the past three years.
- In 2019 and 2022, male respondents were more likely to report high blood pressure.
- In 2019 and 2022, respondents 65 and older were more likely to report high blood pressure.

- In 2019, respondents with a high school education or less were more likely to report high blood pressure. In 2022, education was not a significant variable.
- In 2019, overweight respondents were more likely to report high blood pressure. In 2022, overweight status was not a significant variable.

Table 25. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year (Q19)[®]

	2011	2014	2016	2019	2022
TOTAL	25%	32%	28%	29%	30%
Gender ^{2,4,5}					
Male	28	40	32	33	34
Female	23	25	24	23	25
Age ^{1,2,3,4,5}					
18 to 34	7	17	1	10	9
35 to 44	10	10	15	18	10
45 to 54	18	30	21	27	26
55 to 64	35	42	42	33	35
65 and Older	59	57	63	52	55
Education ⁴					
High School or Less	27	36	35	40	36
Some Post High School	21	30	22	28	33
College Graduate	27	31	28	24	26
Household Income ^{2,3}					
Bottom 40 Percent Bracket	29	35	38	30	38
Middle 20 Percent Bracket	22	38	32	33	25
Top 40 Percent Bracket ^a	18	24	24	22	27
Marital Status ³					
Married	24	31	31	28	30
Not Married	26	33	22	29	30
Overweight Status ^{1,3,4}					
Not Overweight	15	26	15	18	23
Overweight	33	35	35	35	32
Smoking Status ^{1,2}					
Nonsmoker	28	35	29	28	30
Smoker ^a	8	21	19	35	25

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

High Blood Cholesterol

2022 Findings (Table 26)

- Twenty-three percent of respondents reported high blood cholesterol in the past three years.

- Fifty percent of respondents 65 and older reported high blood cholesterol in the past three years compared to 7% of those 18 to 34 years old or 5% of respondents 35 to 44 years old.
- Thirty-three percent of respondents in the bottom 40 percent household income bracket reported high blood cholesterol compared to 20% of those in the middle 20 percent income bracket or 18% of respondents in the top 40 percent household income bracket.
- Overweight respondents were more likely to report high blood cholesterol (26%) compared to respondents who were not overweight (16%).
 - Of the 93 respondents who reported high blood cholesterol, 86% were regularly seeing a doctor, nurse or other health care provider for their high blood cholesterol.

Of the 14% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their high blood cholesterol (n=13)...

- Of the 13 respondents who reported not regularly seeing a doctor, nurse or other health care provider for their high blood cholesterol, 7 respondents reported under control with medication/lifestyle changes as the reason.

2011 to 2022 Year Comparisons (Table 26)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported high blood cholesterol in the past three years.
- In 2011 and 2022, respondents 65 and older were more likely to report high blood cholesterol. From 2011 to 2022, there was a noted decrease in the percent of respondents 35 to 44 years old and a noted increase in the percent of respondents 65 and older reporting high blood cholesterol.
- In 2011, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report high blood cholesterol.
- In 2011, married respondents were more likely to report high blood cholesterol. In 2022, marital status was not a significant variable.
- In 2011 and 2022, overweight respondents were more likely to report high blood cholesterol.

2019 to 2022 Year Comparisons (Table 26)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported high blood cholesterol in the past three years.
- In 2019 and 2022, respondents 65 and older were more likely to report high blood cholesterol. From 2019 to 2022, there was a noted increase in the percent of respondents 65 and older reporting high blood cholesterol.
- In 2019, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report high blood cholesterol, with a noted increase since 2019.
- In 2019, married respondents were more likely to report high blood cholesterol. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of unmarried respondents reporting high blood cholesterol.
- In 2019 and 2022, overweight respondents were more likely to report high blood cholesterol.

Table 26. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year (Q22)^⓪

	2011	2014	2016	2019	2022
TOTAL	25%	25%	26%	20%	23%
Gender ³					
Male	23	28	30	23	23
Female	26	22	22	17	24
Age ^{1,2,3,4,5}					
18 to 34	10	3	2	1	7
35 to 44 ^a	18	15	26	13	5
45 to 54	27	21	29	22	16
55 to 64	32	45	36	27	21
65 and Older ^{a,b}	35	44	40	35	50
Education					
High School or Less	18	33	27	27	30
Some Post High School	32	21	29	14	21
College Graduate	24	24	24	20	23
Household Income ⁵					
Bottom 40 Percent Bracket ^b	27	24	29	20	33
Middle 20 Percent Bracket	17	21	32	24	20
Top 40 Percent Bracket	26	24	23	18	18
Marital Status ^{1,3,4}					
Married	30	27	29	24	23
Not Married ^b	18	22	20	13	24
Overweight Status ^{1,3,4,5}					
Not Overweight	14	25	11	10	16
Overweight	32	24	35	26	26
Smoking Status ²					
Nonsmoker	26	27	27	20	23
Smoker	16	15	21	20	25

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Mental Health Condition

2022 Findings (Table 27)

- Twenty-one percent of respondents reported a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression in the past three years.
- Female respondents were more likely to report a mental health condition in the past three years (29%) compared to male respondents (13%).

- Thirty-eight percent of respondents 18 to 44 years old reported a mental health condition compared to 13% of those 45 to 54 years old or 9% of respondents 65 and older.
- Twenty-nine percent of respondents with some post high school education reported a mental health condition compared to 22% of those with a college education or 7% of respondents with a high school education or less.
 - Of the 85 respondents who reported a mental health condition, 86% were regularly seeing a doctor, nurse or other health care provider for their mental health condition.

Of the 14% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their mental health condition (n=12)...

- Of the 12 respondents who reported not regularly seeing a doctor, nurse or other health care provider for their mental health condition, 7 respondents reported the inability to pay as the reason.

2011 to 2022 Year Comparisons (Table 27)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition in the past three years.
- In 2011, gender was not a significant variable. In 2022, female respondents were more likely to report a mental health condition, with a noted increase since 2011.
- In 2011, age was not a significant variable. In 2022, respondents 18 to 44 years old were more likely to report a mental health condition, with a noted increase since 2011.
- In 2011, education was not a significant variable. In 2022, respondents with some post high school education were more likely to report a mental health condition. From 2011 to 2022, there was a noted increase in the percent of respondents with at least some post high school education reporting a mental health condition.
- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. In 2022, household income was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting a mental health condition.
- In 2011, unmarried respondents were more likely to report a mental health condition. In 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents across marital status reporting a mental health condition.

2019 to 2022 Year Comparisons (Table 27)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported a mental health condition in the past three years.
- In 2019 and 2022, female respondents were more likely to report a mental health condition.
- In 2019, respondents 18 to 34 years old were more likely to report a mental health condition. In 2022, respondents 18 to 44 years old were more likely to report a mental health condition. From 2019 to 2022, there was a noted increase in the percent of respondents 35 to 44 years old reporting a mental health condition.
- In 2019, respondents with a high school education or less were more likely to report a mental health condition. In 2022, respondents with some post high school education were more likely to report a mental health condition. From 2019 to 2022, there was a noted decrease in the percent of respondents with a high school education or less reporting a mental health condition.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting a mental health condition.
- In 2019, unmarried respondents were more likely to report a mental health condition. In 2022, marital status was not a significant variable.

Table 27. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year (Q28)^①

	2011	2014	2016	2019	2022
TOTAL ^a	13%	15%	18%	21%	21%
Gender ^{3,4,5}					
Male	10	14	14	17	13
Female ^a	15	16	22	26	29
Age ^{2,3,4,5}					
18 to 34 ^a	16	24	33	43	38
35 to 44 ^{a,b}	7	9	29	22	38
45 to 54	13	15	14	12	13
55 to 64	15	19	10	16	14
65 and Older	11	6	6	14	9
Education ^{2,3,4,5}					
High School or Less ^b	16	24	29	32	7
Some Post High School ^a	15	17	16	22	29
College Graduate ^a	9	9	15	17	22
Household Income ^{1,2,3,4}					
Bottom 40 Percent Bracket ^b	18	29	27	36	22
Middle 20 Percent Bracket ^a	9	6	21	28	32
Top 40 Percent Bracket ^a	8	6	13	17	23
Marital Status ^{1,2,3,4}					
Married ^a	9	9	13	15	19
Not Married ^a	17	23	26	31	26

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Heart Disease/Condition

2022 Findings (Table 28)

- Eleven percent of respondents reported heart disease or condition in the past three years.
- Twenty-five percent of respondents 65 and older reported heart disease/condition in the past three years compared to 6% of those 35 to 44 years old or 3% of respondents 45 to 64 years old.

- Sixteen percent of respondents in the bottom 40 percent household income bracket and 14% of those in the middle 20 percent income bracket reported heart disease/condition compared to 5% of respondents in the top 40 percent household income bracket.
 - Of the 45 respondents who reported heart disease/condition, 91% were regularly seeing a doctor, nurse or other health care provider for their heart disease/condition.

2011 to 2022 Year Comparisons (Table 28)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported heart disease/condition in the past three years.
- In 2011, male respondents were more likely to report heart disease/condition. In 2022, gender was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of female respondents reporting heart disease/condition.
- In 2011 and 2022, respondents 65 and older were more likely to report heart disease/condition. From 2011 to 2022, there was a noted increase in the percent of respondents 18 to 44 years old reporting heart disease/condition.
- In 2011 and 2022, education was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents with at least some post high school education reporting heart disease/condition.
- In 2011, household income was not a significant variable. In 2022, respondents in the bottom 60 percent household income bracket were more likely to report heart disease/condition. From 2011 to 2022, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting heart disease/condition.
- In 2011 and 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of married respondents reporting heart disease/condition.
- In 2011 and 2022, overweight status was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents who were not overweight reporting heart disease/condition.
- In 2011 and 2022, smoking status was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of nonsmokers reporting heart disease/condition.

2019 to 2022 Year Comparisons (Table 28)

- From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported heart disease/condition in the past three years.
- In 2019 and 2022, gender was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of female respondents reporting heart disease/condition.
- In 2019 and 2022, respondents 65 and older were more likely to report heart disease/condition. From 2019 to 2022, there was a noted increase in the percent of respondents 18 to 44 years old reporting heart disease/condition.
- In 2019 and 2022, education was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents with some post high school education reporting heart disease/condition.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. In 2022, respondents in the bottom 60 percent household income bracket were more likely to report heart disease/condition.
- In 2019 and 2022, overweight status was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents who were not overweight reporting heart disease/condition.

Table 28. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year (Q25)^⓪

	2011	2014	2016	2019	2022
TOTAL ^{a,b}	5%	7%	11%	7%	11%
Gender ^{1,2}					
Male	7	9	11	8	11
Female ^{a,b}	3	4	11	5	11
Age ^{1,2,3,4,5}					
18 to 34 ^{a,b}	0	2	0	0	11
35 to 44 ^{a,b}	0	5	17	0	6
45 to 54	1	1	9	1	3
55 to 64	8	10	9	7	3
65 and Older	18	19	22	27	25
Education ²					
High School or Less	9	13	17	11	12
Some Post High School ^{a,b}	3	5	10	5	14
College Graduate ^a	5	5	8	6	10
Household Income ^{3,4,5}					
Bottom 40 Percent Bracket ^a	6	9	25	10	16
Middle 20 Percent Bracket	4	8	2	8	14
Top 40 Percent Bracket	3	3	8	3	5
Marital Status ²					
Married ^a	4	3	9	6	11
Not Married	6	12	13	9	13
Overweight Status					
Not Overweight ^{a,b}	4	6	8	7	15
Overweight	7	8	13	8	9
Smoking Status					
Nonsmoker ^a	5	7	10	7	11
Smoker	6	7	16	6	13

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Diabetes

2022 Findings (Table 29)

- Seven percent of respondents reported diabetes in the past three years.
- Nineteen percent of respondents 65 and older reported diabetes in the past three years compared to 4% of those 55 to 64 years old or 0% of respondents 18 to 44 years old.
- Ten percent of respondents in the bottom 60 percent household income bracket reported diabetes compared to 3% of respondents in the top 40 percent household income bracket.
 - Of the 28 respondents who reported diabetes, 96% were regularly seeing a doctor, nurse or other health care provider for their diabetes.

2011 to 2022 Year Comparisons (Table 29)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported diabetes in the past three years.
- In 2011 and 2022, respondents 65 and older were more likely to report diabetes. From 2011 to 2022, there was a noted increase in the percent of respondents 45 to 54 years old reporting diabetes.
- In 2011, respondents with a high school education or less were more likely to report diabetes. In 2022, education was not a significant variable.
- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report diabetes. In 2022, respondents in the bottom 60 percent household income bracket were more likely to report diabetes.
- In 2011 and 2022, smoking status was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of smokers reporting diabetes.

2019 to 2022 Year Comparisons (Table 29)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported diabetes in the past three years.
- In 2019 and 2022, respondents 65 and older were more likely to report diabetes.
- In 2019, respondents with a high school education or less were more likely to report diabetes. In 2022, education was not a significant variable.
- In 2019 and 2022, respondents in the bottom 60 percent household income bracket were more likely to report diabetes.
- In 2019, overweight respondents were more likely to report diabetes. In 2022, overweight status was not a significant variable.

Table 29. Diabetes in Past Three Years by Demographic Variables for Each Survey Year (Q31)[®]

	2011	2014	2016	2019	2022
TOTAL	6%	7%	8%	8%	7%
Gender					
Male	5	7	8	9	7
Female	6	8	7	7	7
Age ^{1,2,3,4,5}					
18 to 34	1	0	0	0	0
35 to 44	1	3	0	0	0
45 to 54 ^a	0	1	14	11	7
55 to 64	8	12	9	8	4
65 and Older	18	23	14	19	19
Education ^{1,4}					
High School or Less	10	10	12	20	9
Some Post High School	5	6	7	8	11
College Graduate	3	6	6	3	5
Household Income ^{1,4,5}					
Bottom 40 Percent Bracket	13	11	7	13	10
Middle 20 Percent Bracket	4	8	9	13	10
Top 40 Percent Bracket	2	5	8	5	3
Marital Status					
Married	4	5	9	7	7
Not Married	8	10	5	10	7
Overweight Status ^{3,4}					
Not Overweight	4	7	1	3	5
Overweight	7	7	11	11	8
Smoking Status ³					
Nonsmoker	7	8	9	9	7
Smoker ^a	2	6	0	4	13

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Current Asthma

In 2020, 10% of Wisconsin respondents and 10% of U.S. respondents reported they were told they currently have asthma (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 30)

- Eight percent of respondents reported they currently have asthma.
- Female respondents were more likely to report current asthma (14%) compared to male respondents (2%).

- Of the 32 respondents who reported current asthma, 66% were regularly seeing a doctor, nurse or other health care provider for their current asthma.

Of the 34% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their current asthma (n=11)...

- Of the 11 respondents who reported not regularly seeing a doctor, nurse or other health care provider for their current asthma, 10 respondents reported under control with medication/lifestyle changes.

2011 to 2022 Year Comparisons (Table 30)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported current asthma.
- In 2011 and 2022, female respondents were more likely to report current asthma.
- In 2011 and 2022, household income was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting current asthma.

2019 to 2022 Year Comparisons (Table 30)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported current asthma.
- In 2019, gender was not a significant variable. In 2022, female respondents were more likely to report current asthma. From 2019 to 2022, there was a noted decrease in the percent of male respondents reporting current asthma.
- In 2019, respondents 35 to 44 years old were more likely to report current asthma. In 2022, age was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents 35 to 44 years old reporting current asthma.
- In 2019, respondents with a high school education or less were more likely to report current asthma. In 2022, education was not a significant variable.
- In 2019 and 2022, household income was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting current asthma.
- In 2019, married respondents were more likely to report current asthma. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of married respondents reporting current asthma.

Table 30. Current Asthma by Demographic Variables for Each Survey Year (Q34)^⓪

	2011	2014	2016	2019	2022
TOTAL	10%	11%	11%	11%	8%
Gender ^{1,5}					
Male ^b	5	9	13	13	2
Female	14	12	8	9	14
Age ^{2,4}					
18 to 34	12	18	7	9	7
35 to 44 ^b	13	18	20	26	11
45 to 54	9	5	12	10	7
55 to 64	11	7	8	5	6
65 and Older	5	6	8	8	10
Education ^{2,4}					
High School or Less	12	22	12	19	14
Some Post High School	8	10	6	10	8
College Graduate	9	5	13	8	6
Household Income ^{2,3}					
Bottom 40 Percent Bracket	9	18	17	11	11
Middle 20 Percent Bracket	10	5	4	5	10
Top 40 Percent Bracket ^{a,b}	13	7	8	15	5
Marital Status ⁴					
Married ^b	11	9	10	14	7
Not Married	8	13	12	7	9

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

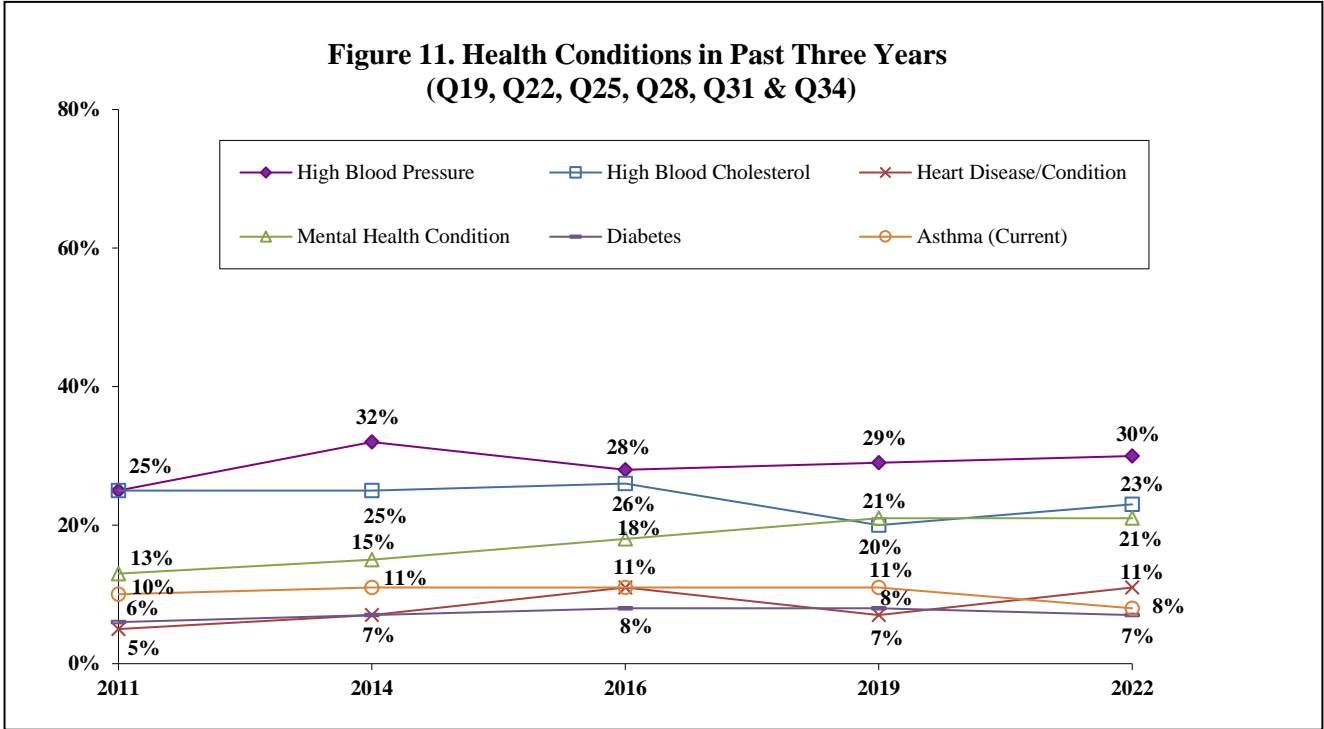
¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Health Conditions Overall

Year Comparisons

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol, diabetes or current asthma, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported heart disease/condition, as well as from 2019 to 2022.



Body Weight (Figures 12 & 13; Tables 31 & 32)

KEY FINDINGS: In 2022, 67% of respondents were classified as at least overweight while 30% were obese. Respondents 55 to 64 years old were more likely to be at least overweight. Married respondents were more likely to be obese.

From 2011 to 2022, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2019 to 2022, there was no statistical change.

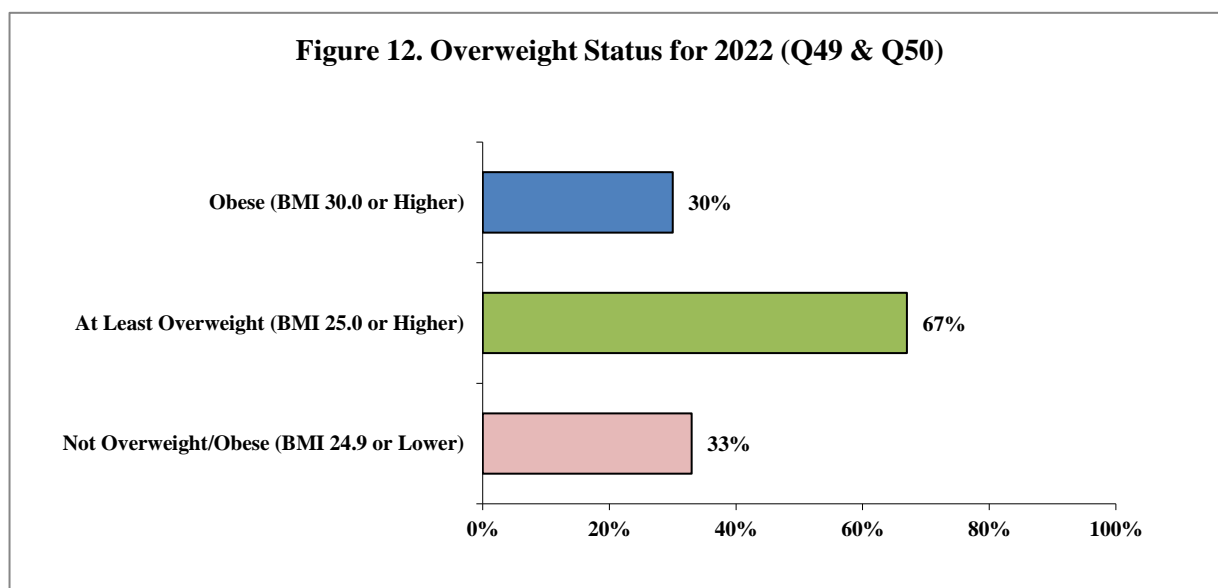
At Least Overweight

Being overweight contributes to many health problems. One nationally used definition of overweight status developed by the CDC is when a person's body mass index (BMI) is greater than or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using kilograms/meter².

In 2020, 68% of Wisconsin respondents were classified as at least overweight (36% overweight, 32% obese). In the U.S., 67% were classified as at least overweight (35% overweight and 32% obese) (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 31)

- According to the definition, 67% of respondents were at least overweight (30% obese and 37% overweight).



- Eighty-one percent of respondents 55 to 64 years old were at least overweight compared to 59% of respondents 18 to 34 years old or 45 to 54 years old.

2011 to 2022 Year Comparisons (Table 31)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who were at least overweight.
- In 2011, male respondents were more likely to be classified as at least overweight. In 2022, gender was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of female respondents who were at least overweight.

- In 2011, respondents 45 to 64 years old were more likely to be classified as at least overweight. In 2022, respondents 55 to 64 years old were more likely to be classified as at least overweight. From 2011 to 2022, there was a noted increase in the percent of respondents 18 to 44 years old who were at least overweight.
- In 2011 and 2022, education was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents with a college education who were at least overweight.
- In 2011 and 2022, household income was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket who were at least overweight.
- In 2011 and 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of unmarried respondents who were at least overweight.

2019 to 2022 Year Comparisons (Table 31)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who were at least overweight.
- In 2019, male respondents were more likely to be at least overweight. In 2022, gender was not a significant variable.
- In 2019 and 2022, respondents 55 to 64 years old were more likely to be at least overweight.
- In 2019, respondents in the top 40 percent household income bracket were more likely to be at least overweight. In 2022, household income was not a significant variable.
- In 2019, married respondents were more likely to be at least overweight. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of unmarried respondents who were at least overweight.

Table 31. At Least Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year (Q49 & Q50)^⓪

	2011	2014	2016	2019	2022
TOTAL ^a	59%	65%	63%	62%	67%
Gender ^{1,2,4}					
Male	72	79	63	70	70
Female ^a	47	51	64	54	64
Age ^{1,2,3,4,5}					
18 to 34 ^a	43	59	46	44	59
35 to 44 ^a	52	84	68	69	74
45 to 54	68	60	57	62	59
55 to 64	69	59	74	74	81
65 and Older	62	65	74	65	64
Education					
High School or Less	61	60	68	63	65
Some Post High School	63	67	59	64	69
College Graduate ^a	55	65	64	61	67
Household Income ⁴					
Bottom 40 Percent Bracket	56	70	62	51	65
Middle 20 Percent Bracket	67	70	57	58	55
Top 40 Percent Bracket ^a	58	59	69	67	71
Marital Status ⁴					
Married	62	62	66	69	68
Not Married ^{a,b}	55	67	59	52	66

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Obese

The Healthy People 2030 goal for obesity is 36%. (Objective NWS-03)

In 2020, 32% of Wisconsin and 32% of U.S. respondents were classified as obese (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 32)

- Thirty percent of respondents were classified as obese (BMI 30.0 or higher).
- Married respondents were more likely to be obese compared to unmarried respondents (34% and 24%, respectively).

2011 to 2022 Year Comparisons (Table 32)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who were obese.

- In 2011 and 2022, gender was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents across gender who were obese.
- In 2011, respondents 55 to 64 years old were more likely to be obese. In 2022, age was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents 35 to 44 years old who were obese.
- In 2011 and 2022, education was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents with some post high school education who were obese.
- In 2011 and 2022, household income was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket who were obese.
- In 2011, marital status was not a significant variable. In 2022, married respondents were more likely to be obese, with a noted increase since 2011.

2019 to 2022 Year Comparisons (Table 32)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who were obese.
- In 2019, male respondents were more likely to be obese. In 2022, gender was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of male respondents who were obese.
- In 2019, respondents 35 to 44 years old were more likely to be obese. In 2022, age was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents 35 to 44 years old who were obese.
- In 2019 and 2022, education was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents with a high school education or less who were obese.
- In 2019 and 2022, household income was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket who were obese.
- In 2019, marital status was not a significant variable. In 2022, married respondents were more likely to be obese.

Table 32. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year (Q49 & Q50)^①

	2011	2014	2016	2019	2022
TOTAL ^a	20%	26%	26%	35%	30%
Gender ^{2,4}					
Male ^{a,b}	23	36	24	44	32
Female ^a	18	17	26	26	27
Age ^{1,3,4}					
18 to 34	18	18	1	28	29
35 to 44 ^{a,b}	10	35	48	52	33
45 to 54	17	33	19	25	26
55 to 64	32	24	27	49	36
65 and Older	25	24	36	27	28
Education ^{2,3}					
High School or Less ^b	19	23	39	41	19
Some Post High School ^a	18	36	22	39	35
College Graduate	22	23	22	31	31
Household Income ^{2,3}					
Bottom 40 Percent Bracket	26	35	36	31	38
Middle 20 Percent Bracket ^b	21	34	37	38	20
Top 40 Percent Bracket ^a	14	18	20	36	33
Marital Status ^{2,5}					
Married ^a	18	22	25	38	34
Not Married	22	33	26	30	24

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

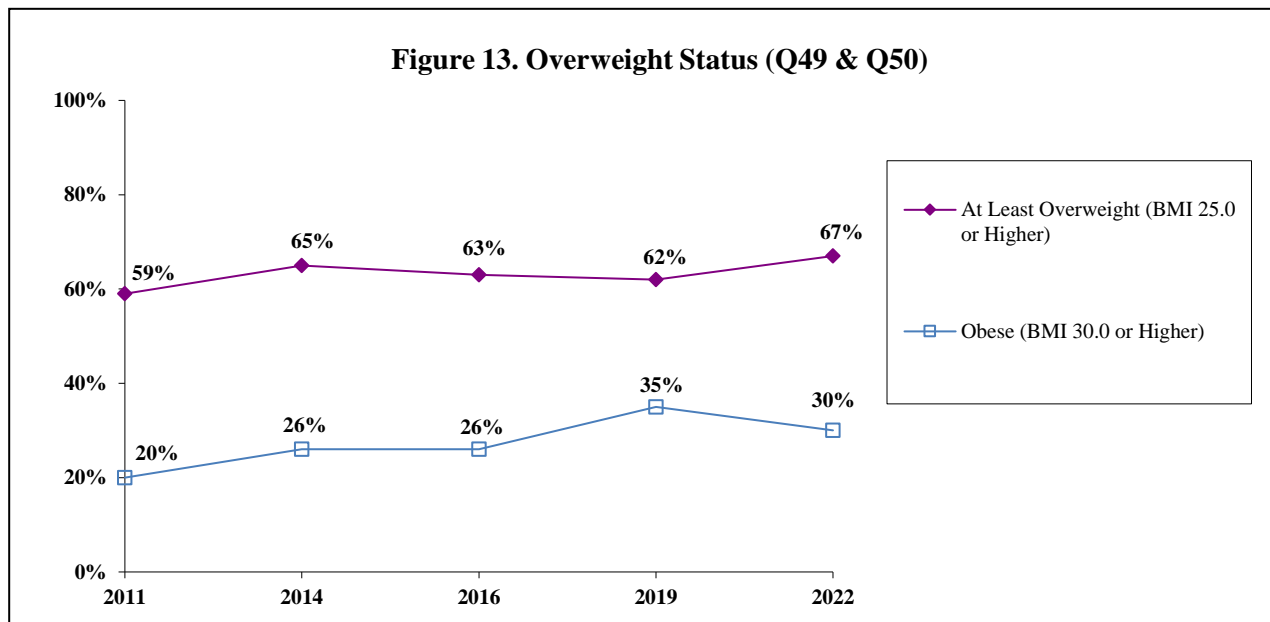
¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Body Weight Overall

Year Comparisons

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2019 to 2022, there was no statistical change.



Tobacco Product Use (Figure 14; Tables 33 - 36)

KEY FINDINGS: In 2022, 6% of respondents were current tobacco cigarette smokers; respondents in the bottom 40 percent household income bracket were more likely to be a smoker. Four percent of respondents used electronic vapor products in the past month; respondents 18 to 34 years old, with a high school education or less or in the middle 20 percent household income bracket were more likely to report this. Five percent of respondents used cigars, cigarillos or little cigars in the past month while 3% of respondents used smokeless tobacco. Respondents who were male or 18 to 34 years old were more likely to report they used cigars/cigarillos/little cigars.

From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2019 to 2022. From 2014 to 2022, there was a statistical decrease in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was no statistical change. From 2014 to 2022, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022. From 2014 to 2022, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month while from 2019 to 2022, there was a statistical decrease.

Current Cigarette Smokers

The Healthy People 2030 goal for adult smoking is 5%. (Objective TU-02)

In 2020, 16% of Wisconsin respondents and 16% of U.S. respondents were current smokers (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 33)

- Six percent of respondents were current tobacco cigarette smokers; 2% smoked some days and 4% smoked every day.
- Thirteen percent of respondents in the bottom 40 percent household income bracket were current smokers compared to 8% of those in the middle 20 percent income bracket or 4% of respondents in the top 40 percent household income bracket.

2011 to 2022 Year Comparisons (Table 33)

- From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2011 and 2022, gender was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents across gender who were current smokers.
- In 2011, respondents 35 to 54 years old were more likely to be a current smoker. In 2022, age was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents 18 to 54 years old who were current smokers.
- In 2011, respondents with a high school education or less were more likely to be a current smoker. In 2022, education was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents with a high school education or less who were current smokers.

- In 2011, respondents in the middle 20 percent household income bracket were more likely to be a current smoker. In 2022, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker. From 2011 to 2022, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket who were current smokers.
- In 2011, unmarried respondents were more likely to be a current smoker. In 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of unmarried respondents who were current smokers.

2019 to 2022 Year Comparisons (Table 33)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2019 and 2022, gender was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of male respondents who were current smokers.
- In 2019 and 2022, age was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents 18 to 34 years old who were current smokers.
- In 2019, respondents with a high school education or less were more likely to be a current smoker. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents with a high school education or less who were current smokers.
- In 2019, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker. From 2019 to 2022, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket who were current smokers.
- In 2019, unmarried respondents were more likely to be a current smoker. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents across marital status who were current smokers.

Table 33. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year (Q47)^①

	2011	2014	2016	2019	2022
TOTAL ^{a,b}	16%	22%	16%	12%	6%
Gender ³					
Male ^{a,b}	16	23	22	14	6
Female ^a	15	20	9	11	6
Age ^{1,2,3}					
18 to 34 ^{a,b}	17	39	20	21	5
35 to 44 ^a	21	30	29	11	7
45 to 54 ^a	23	16	12	11	8
55 to 64	15	14	14	11	8
65 and Older	4	10	5	9	5
Education ^{1,2,3,4}					
High School or Less ^{a,b}	39	30	20	30	9
Some Post High School	7	34	27	12	8
College Graduate	6	9	7	6	5
Household Income ^{1,2,3,5}					
Bottom 40 Percent Bracket	22	43	33	16	13
Middle 20 Percent Bracket ^a	26	19	23	16	8
Top 40 Percent Bracket ^{a,b}	10	7	7	9	4
Marital Status ^{1,2,3,4}					
Married ^b	8	15	9	10	4
Not Married ^{a,b}	24	30	25	16	9

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Electronic Vapers

In 2017, 4% of Wisconsin respondents currently used electronic cigarettes. In 2020, 4% of U.S. respondents currently used electronic cigarettes (2017 & 2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 34)

- Four percent of respondents used electronic vapor products in the past month.
- Fifteen percent of respondents 18 to 34 years old reported they used electronic vapor products in the past month compared to 0% of respondents 35 to 54 years old or 65 and older.
- Ten percent of respondents with a high school education or less reported they used electronic vapor products in the past month compared to 7% of those with some post high school education or less than one percent of respondents with a college education.
- Twelve percent of respondents in the middle 20 percent household income bracket reported they used electronic vapor products in the past month compared to less than one percent of those in the top 40 percent income bracket or 0% of respondents in the bottom 40 percent household income bracket.

2014 to 2022 Year Comparisons (Table 34)

- From 2014 to 2022, there was a statistical decrease in the overall percent of respondents who used electronic vapor products in the past month.
- In 2014, male respondents were more likely to report they used electronic vapor products. In 2022, gender was not a significant variable. From 2014 to 2022, there was a noted decrease in the percent of respondents across gender reporting they used electronic vapor products.
- In 2014 and 2022, respondents 18 to 34 years old were more likely to report they used electronic vapor products. From 2014 to 2022, there was a noted decrease in the percent of respondents 35 to 64 years old reporting they used electronic vapor products.
- In 2014 and 2022, respondents with a high school education or less were more likely to report they used electronic vapor products. From 2014 to 2022, there was a noted decrease in the percent of respondents with some post high school education or less reporting they used electronic vapor products.
- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report they used electronic vapor products. In 2022, respondents in the middle 20 percent household income bracket were more likely to report they used electronic vapor products. From 2014 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting they used electronic vapor products.
- In 2014 and 2022, marital status was not a significant variable. From 2014 to 2022, there was a noted decrease in the percent of respondents across marital status reporting they used electronic vapor products.

2019 to 2022 Year Comparisons (Table 34)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who used electronic vapor products in the past month.
- In 2019 and 2022, respondents 18 to 34 years old were more likely to report they used electronic vapor products.
- In 2019 and 2022, respondents with a high school education or less were more likely to report they used electronic vapor products.
- In 2019, household income was not a significant variable. In 2022, respondents in the middle 20 percent household income bracket were more likely to report they used electronic vapor products. From 2019 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting they used electronic vapor products.
- In 2019, unmarried respondents were more likely to report they used electronic vapor products. In 2022, marital status was not a significant variable.

Table 34. Electronic Vapor Product Use in Past Month by Demographic Variables for Each Survey Year (Q45)^⓪

	2014	2016 [ⓑ]	2019	2022
TOTAL ^a	11%	1%	4%	4%
Gender ¹				
Male ^a	14	--	4	6
Female ^a	7	--	4	2
Age ^{1,3,4}				
18 to 34	24	--	13	15
35 to 44 ^a	7	--	3	0
45 to 54 ^a	8	--	1	0
55 to 64 ^a	12	--	1	3
65 and Older	1	--	0	0
Education ^{1,3,4}				
High School or Less ^a	21	--	11	10
Some Post High School ^a	16	--	3	7
College Graduate	2	--	1	<1
Household Income ^{1,4}				
Bottom 40 Percent Bracket ^{a,b}	22	--	8	0
Middle 20 Percent Bracket	6	--	3	12
Top 40 Percent Bracket	4	--	3	<1
Marital Status ³				
Married ^a	8	--	<1	3
Not Married ^a	14	--	9	5

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

[ⓑ]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2014; ²demographic difference at p≤0.05 in 2016

³demographic difference at p≤0.05 in 2019; ⁴demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2014 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Cigars, Cigarillos or Little Cigars

2022 Findings (Table 35)

- Five percent of respondents used cigars, cigarillos or little cigars in the past month.
- Male respondents were more likely to report they used cigars, cigarillos or little cigars in the past month (10%) compared to female respondents (0%).
- Eleven percent of respondents 18 to 34 years old reported they used cigars, cigarillos or little cigars in the past month compared to 1% of those 55 to 64 years old or less than one percent of respondents 65 and older.

2014 to 2022 Year Comparisons (Table 35)

- From 2014 to 2022, there was no statistical change in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.

- In 2014 and 2022, male respondents were more likely to report they used cigars, cigarillos or little cigars.
- In 2014 and 2022, respondents 18 to 34 years old were more likely to report they used cigars, cigarillos or little cigars. From 2014 to 2022, there was a noted decrease in the percent of respondents 55 to 64 years old reporting they used cigars, cigarillos or little cigars.
- In 2014, unmarried respondents were more likely to report they used cigars, cigarillos or little cigars. In 2022, marital status was not a significant variable.

2019 to 2022 Year Comparisons (Table 35)

- From 2019 to 2022 there was no statistical change in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.
- In 2019 and 2022, male respondents were more likely to report they used cigars, cigarillos or little cigars.
- In 2019, respondents 18 to 34 years old or 55 to 64 years old were more likely to report they used cigars, cigarillos or little cigars. In 2022, respondents 18 to 34 years old were more likely to report they used cigars, cigarillos or little cigars. From 2019 to 2022, there was a noted decrease in the percent of respondents 55 to 64 years old reporting they used cigars, cigarillos or little cigars.
- In 2019, respondents with some post high school education were more likely to report they used cigars, cigarillos or little cigars. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents with some post high school education reporting they used cigars, cigarillos or little cigars.
- In 2019, unmarried respondents were more likely to report they used cigars, cigarillos or little cigars. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of unmarried respondents reporting they used cigars, cigarillos or little cigars.

Table 35. Cigars, Cigarillos or Little Cigars Use in Past Month by Demographic Variables for Each Survey Year (Q44)^⓪

	2014	2016	2019	2022
TOTAL	6%	5%	7%	5%
Gender ^{1,2,3,4}				
Male	11	9	12	10
Female	<1	1	1	0
Age ^{1,2,3,4}				
18 to 34	14	7	12	11
35 to 44	3	2	8	8
45 to 54	0	4	1	2
55 to 64 ^{a,b}	10	11	12	1
65 and Older	3	1	4	<1
Education ^{2,3}				
High School or Less	4	0	4	3
Some Post High School ^b	8	9	14	4
College Graduate	5	5	5	5
Household Income ²				
Bottom 40 Percent Bracket	5	0	7	5
Middle 20 Percent Bracket	11	0	3	8
Top 40 Percent Bracket	3	7	8	6
Marital Status ^{1,3}				
Married	3	6	4	5
Not Married ^b	9	4	11	5

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2014; ²demographic difference at p≤0.05 in 2016

³demographic difference at p≤0.05 in 2019; ⁴demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2014 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Smokeless Tobacco

In 2020, 4% of Wisconsin respondents and 4% of U.S. respondents used chewing tobacco, snuff or snus (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 36)

- Three percent of respondents used smokeless tobacco in the past month.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they used smokeless tobacco in the past month.

2014 to 2022 Year Comparisons (Table 36)

- From 2014 to 2022, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month.

- In 2014, respondents 35 to 44 years old or in the bottom 40 percent household income bracket were more likely to report they used smokeless tobacco in the past month.

2019 to 2022 Year Comparisons (Table 36)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who used smokeless tobacco in the past month.
- In 2019, respondents who were male, 18 to 34 years old or with some post high school education were more likely to report they used smokeless tobacco in the past month.

Table 36. Smokeless Tobacco Use in Past Month by Demographic Variables for Each Survey Year (Q43)^⓪

	2014	2016	2019	2022 ^⓪
TOTAL ^b	5%	5%	7%	3%
Gender ³				
Male	3	7	10	--
Female	6	3	3	--
Age ^{1,2,3}				
18 to 34	7	10	16	--
35 to 44	9	5	11	--
45 to 54	2	1	3	--
55 to 64	0	11	4	--
65 and Older	3	1	1	--
Education ^{2,3}				
High School or Less	6	0	6	--
Some Post High School	5	14	13	--
College Graduate	3	3	4	--
Household Income ¹				
Bottom 40 Percent Bracket	9	10	3	--
Middle 20 Percent Bracket	2	0	8	--
Top 40 Percent Bracket	3	6	8	--
Marital Status				
Married	4	6	7	--
Not Married	5	4	7	--

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^⓪Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2014; ²demographic difference at p≤0.05 in 2016

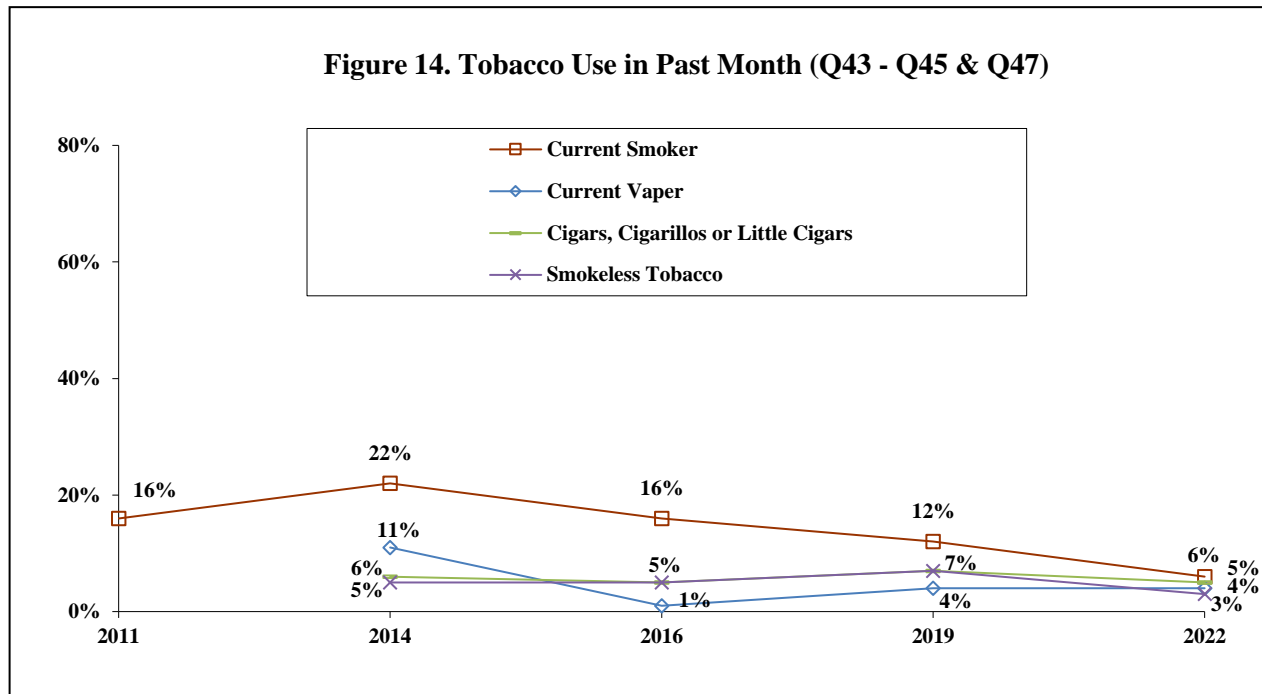
³demographic difference at p≤0.05 in 2019; ⁴demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2014 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Tobacco Product Use Overall

Year Comparisons

- From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2019 to 2022. From 2014 to 2022, there was a statistical decrease in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was no statistical change. From 2014 to 2022, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022. From 2014 to 2022, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month while from 2019 to 2022, there was a statistical decrease.



Exposure to Smoke (Figures 15 & 16; Table 37)

KEY FINDINGS: In 2022, 88% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 60 percent household income bracket, married or with children in the household were more likely to report smoking is not allowed anywhere inside the home.

From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.

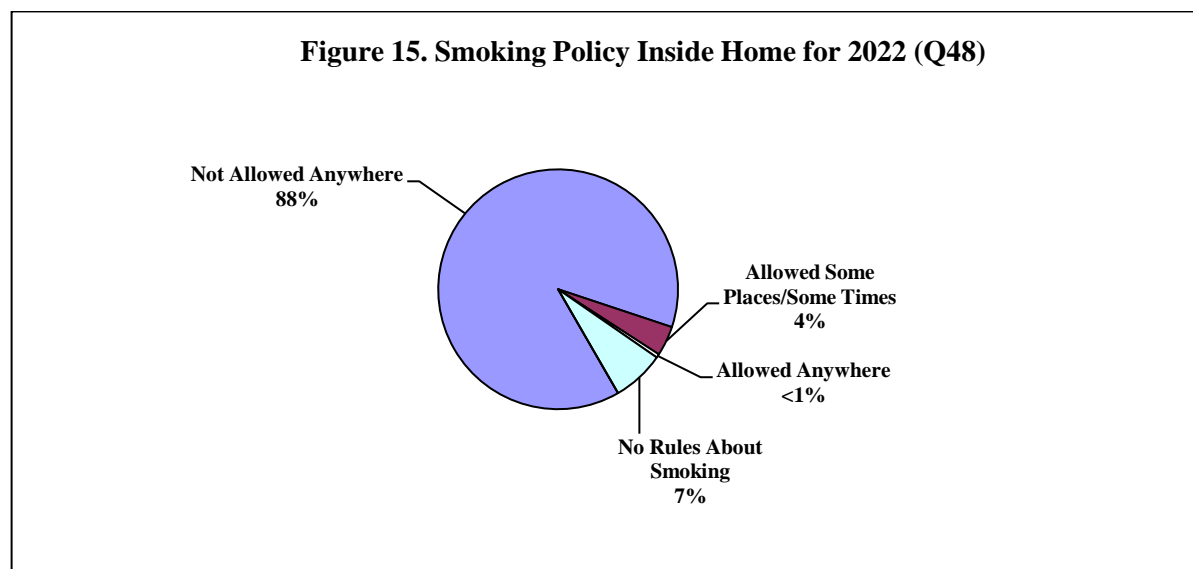
Smoking Policy Inside Home

The Healthy People 2030 goal for respondents who reported that smoking is not allowed in their home is 93% (Objective TU-18).

In 2014-2015, 84% of Midwest respondents reported smoking is prohibited in their home. In 2014-2015, 87% of U.S. respondents reported smoking is prohibited in their home (2014-2015 Tobacco Use Supplement to the Current Population Survey).

2022 Findings (Table 37)

- Eighty-eight percent of respondents reported smoking is not allowed anywhere inside the home while 4% reported smoking is allowed in some places or at some times. Less than one percent reported smoking is allowed anywhere inside the home. Seven percent of respondents reported there are no rules about smoking inside the home.



- Ninety-four percent of respondents in the middle 20 percent household income bracket and 93% of those in the top 40 percent income bracket reported smoking is not allowed in the home compared to 71% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report smoking is not allowed in the home compared to unmarried respondents (94% and 81%, respectively).

- Ninety-eight percent of respondents with children in the household reported smoking is not allowed in the home compared to 84% of respondents without children in the household.

2011 to 2022 Year Comparisons (Table 37)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2011, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home. In 2022, respondents in the top 60 percent household income bracket were more likely to report smoking is not allowed in the home. From 2011 to 2022, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting smoking is not allowed in the home.
- In 2011 and 2022, married respondents were more likely to report smoking is not allowed in the home. From 2011 to 2022, there was a noted increase in the percent of respondents across marital status reporting smoking is not allowed in the home.
- In 2011, the presence of children was not a significant variable. In 2022, respondents in households with children were more likely to report smoking is not allowed in the home. From 2011 to 2022, there was a noted increase in the percent of respondents with or without children in the household reporting smoking is not allowed in the home.

2019 to 2022 Year Comparisons (Table 37)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2019, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home. In 2022, respondents in the top 60 percent household income bracket were more likely to report smoking is not allowed in the home.
- In 2019 and 2022, married respondents were more likely to report smoking is not allowed in the home.
- In 2019 and 2022, respondents in households with children were more likely to report smoking is not allowed in the home.

Table 37. Smoking Not Allowed in Home by Demographic Variables for Each Survey Year (Q48)^①

	2011	2014	2016	2019	2022
TOTAL ^a	79%	85%	86%	88%	88%
Household Income ^{1,3,4,5}					
Bottom 40 Percent Bracket	70	82	73	75	71
Middle 20 Percent Bracket ^a	70	84	81	87	94
Top 40 Percent Bracket	89	90	92	92	93
Marital Status ^{1,2,3,4,5}					
Married ^a	87	90	92	92	94
Not Married ^a	70	78	77	80	81
Children in Household ^{2,3,4,5}					
Yes ^a	83	90	91	97	98
No ^a	77	82	83	82	84

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

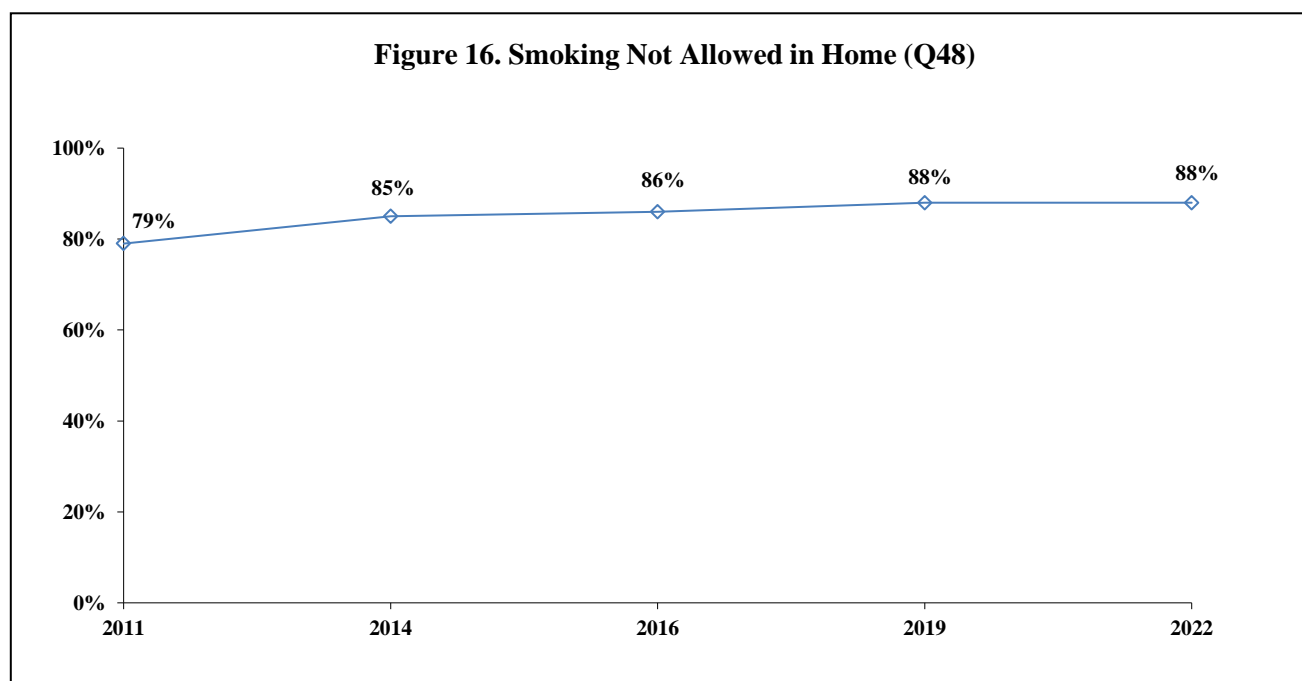
¹demographic difference at $p \leq 0.05$ in 2011; ²demographic difference at $p \leq 0.05$ in 2014; ³demographic difference at $p \leq 0.05$ in 2016; ⁴demographic difference at $p \leq 0.05$ in 2019; ⁵demographic difference at $p \leq 0.05$ in 2022

^ayear difference at $p \leq 0.05$ from 2011 to 2022; ^byear difference at $p \leq 0.05$ from 2019 to 2022

Exposure to Smoke Overall

Year Comparisons

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.



Delta-8 Use (Table 38)

KEY FINDINGS: In 2022, 6% of respondents used Delta-8, also known as marijuana-lite, diet weed or dabs, in the past month. Respondents who were 18 to 34 years old, in the middle 20 percent household income bracket or unmarried were more likely to report they used Delta-8 in the past month.

Delta-8

2022 Findings (Table 38)

- Six percent of respondents used Delta-8 also known as marijuana-lite, diet weed or dabs, in the past month.
- Sixteen percent of respondents 18 to 34 years old reported they used Delta-8 in the past month compared to less than one percent of those 65 and older or 0% of respondents 45 to 54 years old.
- Fourteen percent of respondents in the middle 20 percent household income bracket reported they used Delta-8 in the past month compared to 10% of those in the bottom 40 percent income bracket or 4% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report they used Delta-8 in the past month compared to married respondents (9% and 4%, respectively).

Table 38. Delta-8 Use in Past Month by Demographic Variables for 2022 (Q46)^o

	2022
TOTAL	6%
Gender	
Male	6
Female	6
Age ¹	
18 to 34	16
35 to 44	5
45 to 54	0
55 to 64	6
65 and Older	<1
Education	
High School or Less	4
Some Post High School	9
College Graduate	5
Household Income ¹	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	14
Top 40 Percent Bracket	4
Marital Status ¹	
Married	4
Not Married	9

^oPercentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Alcohol Use (Figure 17; Tables 39 & 40)

KEY FINDINGS: In 2022, 74% of respondents had an alcoholic drink in the past month. Eleven percent of respondents were heavy drinkers in the past month (females 31+ drinks per month and males 61+ drinks) while 24% of respondents were binge drinkers (females 4+ drinks in a row and males 5+ drinks). Respondents who were 55 to 64 years old were more likely to report heavy drinking. Respondents who were male or 18 to 34 years old were more likely to have binged in the past month.

From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical decrease.

Heavy Drinking

According to the Centers for Disease Control, heavy drinking is defined as more than 2 drinks per day in the past month for males (i.e. at least 61 drinks) and more than one drink per day for females (i.e. 31 drinks).

In 2020, 10% of Wisconsin respondents and 7% of U.S. respondents were classified as heavy drinkers (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 39)

- Seventy-four percent of respondents had a drink in the past 30 days. Forty-three percent reported they drank on at least five days, while 15% reported three or four days and 16% reported drinking on one or two days in the past 30 days.
- Seven percent of all respondents reported an average of four or more drinks per day on the days they drank while 13% reported three drinks. Twenty-four percent reported two drinks and 29% reported one drink on average on the days they drank. Twenty-six percent reported having no drinks in the past month.
- Combined, 11% of respondents were classified as heavy drinkers in the past month (61 or more drinks for males and 31 or more drinks for females).
- Twenty-five percent of respondents 55 to 64 years old reported heavy drinking in the past month compared to 8% of those 18 to 34 years old or 4% of respondents 65 and older.

Table 39. Heavy Drinking in Past Month by Demographic Variables for 2022 (Q40 & Q41)^{①,②}

	2022
TOTAL	11%
Gender	
Male	13
Female	9
Age ¹	
18 to 34	8
35 to 44	10
45 to 54	15
55 to 64	25
65 and Older	4
Education	
High School or Less	15
Some Post High School	9
College Graduate	11
Household Income	
Bottom 40 Percent Bracket	6
Middle 20 Percent Bracket	12
Top 40 Percent Bracket	16
Marital Status	
Married	12
Not Married	10

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

^②Heavy drinking is defined as 61 or more drinks for males and 31 or more drinks for females in the past month.

¹demographic difference at $p \leq 0.05$ in 2022

Binge Drinking

Binge drinking definitions vary. Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 2022, Ozaukee County defined binge drinking as four or more drinks for females and five or more drinks for males.

The Healthy People 2030 goal for adult binge drinking (5 or more drinks) in the past month is 25%. (Objective SU-10)

In 2020, 23% of Wisconsin respondents reported binge drinking in the past month (females having four or more drinks on one occasion, males having five or more drinks on one occasion). Sixteen percent of U.S. respondents reported binge drinking in the past month (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 40)

- Twenty-four percent of all respondents binged in the past month (four or more drinks for females and five or more drinks for males).

- Male respondents were more likely to have binged in the past month (34%) compared to female respondents (14%).
- Thirty-seven percent of respondents 18 to 34 years old binged in the past month compared to 26% of those 45 to 54 years old or 7% of respondents 65 and older.

2011 to 2022 Year Comparisons (Table 40)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who binged in the past month.
- In 2011 and 2022, male respondents were more likely to have binged.
- In 2011 and 2022, respondents 18 to 34 years old were more likely to have binged.
- In 2011, respondents with some post high school education or less were more likely to have binged. In 2022, education was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents with some post high school education reporting binge drinking.
- In 2011, unmarried respondents were more likely to have binged. In 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of unmarried respondents reporting binge drinking.

2019 to 2022 Year Comparisons (Table 40)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who binged in the past month.
- In 2019, gender was not a significant variable. In 2022, male respondents were more likely to have binged. From 2019 to 2022, there was a noted decrease in the percent of female respondents reporting binge drinking.
- In 2019 and 2022, respondents 18 to 34 years old were more likely to have binged. From 2019 to 2022, there was a noted decrease in the percent of respondents 18 to 44 years old reporting binge drinking.
- In 2019, respondents with some post high school education were more likely to have binged. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents with some post high school education reporting binge drinking.
- In 2019 and 2022, household income was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents across household income reporting binge drinking.
- In 2019, unmarried respondents were more likely to have binged. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents across marital status reporting binge drinking.

Table 40. Binge Drinking in Past Month by Demographic Variables for Each Survey Year (Q42)^{①,②}

	2011	2014	2016	2019	2022
TOTAL ^b	29%	35%	28%	40%	24%
Gender ^{1,2,3,5}					
Male	36	42	34	43	34
Female ^b	21	29	21	36	14
Age ^{1,2,3,4,5}					
18 to 34 ^b	48	64	43	63	37
35 to 44 ^b	35	46	32	60	30
45 to 54	27	34	26	37	26
55 to 64	23	21	26	32	28
65 and Older	9	8	9	9	7
Education ^{1,4}					
High School or Less	35	36	25	45	33
Some Post High School ^{a,b}	38	43	25	63	24
College Graduate	19	29	30	27	20
Household Income ^{2,3}					
Bottom 40 Percent Bracket ^b	23	44	17	38	20
Middle 20 Percent Bracket ^b	37	25	9	56	24
Top 40 Percent Bracket ^b	27	38	34	41	28
Marital Status ^{1,2,4}					
Married ^b	24	31	25	35	23
Not Married ^{a,b}	35	41	31	46	25

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Binge drinking is defined as “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males.

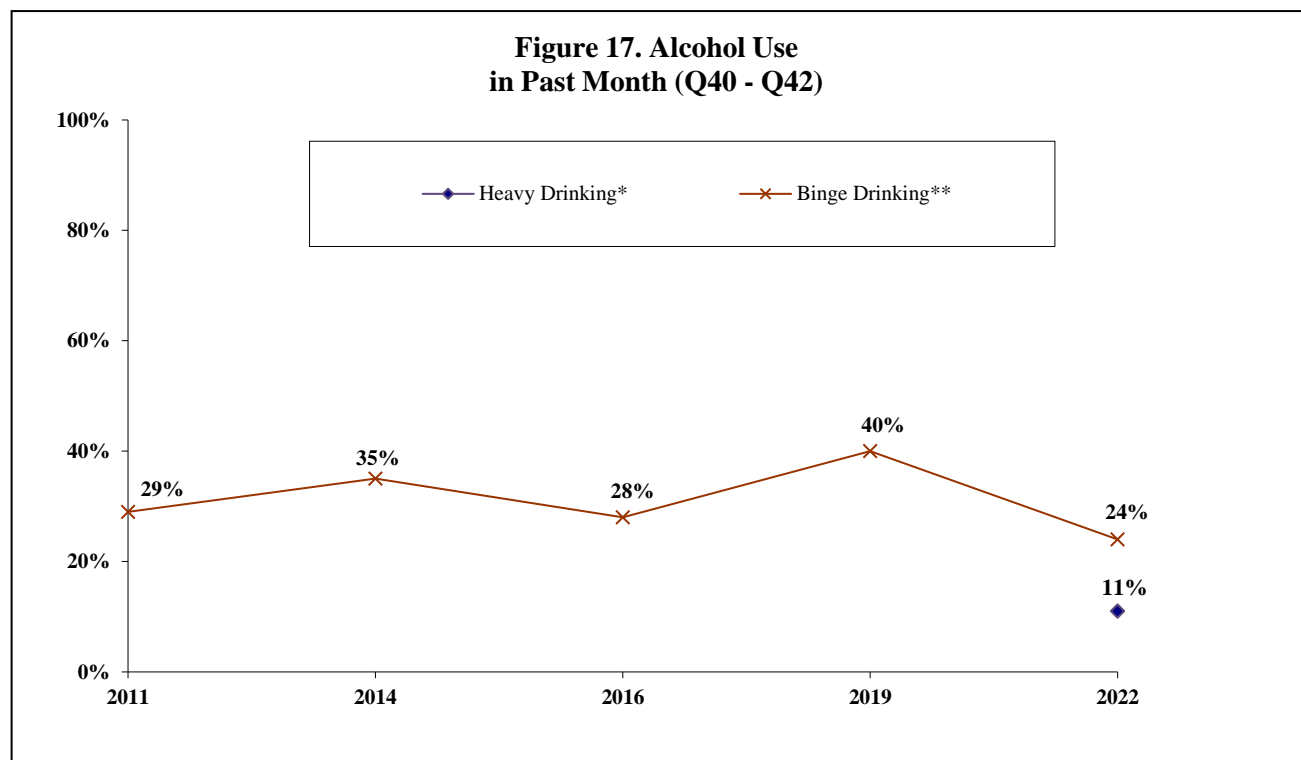
¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Alcohol Use Overall

Year Comparisons

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical decrease.



* Heavy drinking is defined as 61 or more drinks for males and 31 or more drinks for females in the past month.

**Binge drinking is defined as “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males.

Mental Health Status (Figures 18 & 19; Tables 41 - 43)

KEY FINDINGS: In 2022, 2% of respondents reported they always or nearly always felt sad, blue or depressed in the past month. Three percent of respondents felt so overwhelmed they considered suicide in the past year. Four percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents in the middle 20 percent household income bracket were more likely to report this.

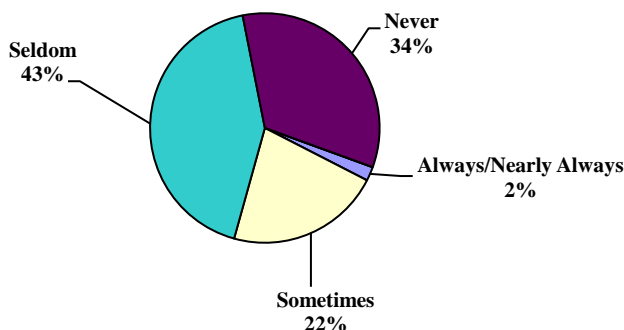
From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month while from 2019 to 2022, there was a statistical decrease. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life, as well as from 2019 to 2022.

Felt Sad, Blue or Depressed

2022 Findings (Table 41)

- Two percent of respondents reported they always or nearly always felt sad, blue or depressed in the past month. This represents up to 5,110 residents.

Figure 18. Felt Sad, Blue or Depressed in Past Month for 2022 (Q37)



- No demographic comparisons were conducted as a result of the low percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month.

2011 to 2022 Year Comparisons (Table 41)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month.
- In 2011, respondents who were male or 35 to 54 years old were more likely to report they always or nearly always felt sad, blue or depressed in the past month.

2019 to 2022 Year Comparisons (Table 41)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month.
- In 2019, respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed in the past month.

Table 41. Always/Nearly Always Felt Sad, Blue or Depressed in Past Month by Demographic Variables for Each Survey Year (Q37)^①

	2011	2014	2016	2019	2022 ^②
TOTAL ^b	4%	4%	8%	5%	2%
Gender ^{1,3}					
Male	6	5	4	5	--
Female	2	3	12	6	--
Age ^{1,2,4}					
18 to 34	0	0	9	16	--
35 to 44	7	10	14	0	--
45 to 54	8	2	9	0	--
55 to 64	5	4	7	1	--
65 and Older	0	6	3	5	--
Education ^{2,4}					
High School or Less	3	7	13	12	--
Some Post High School	5	7	9	4	--
College Graduate	3	<1	6	2	--
Household Income ^{2,4}					
Bottom 40 Percent Bracket	5	8	13	15	--
Middle 20 Percent Bracket	0	3	9	0	--
Top 40 Percent Bracket	4	0	8	1	--
Marital Status ^{3,4}					
Married	2	4	5	2	--
Not Married	5	4	12	11	--

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at $p \leq 0.05$ in 2011; ²demographic difference at $p \leq 0.05$ in 2014; ³demographic difference at $p \leq 0.05$ in 2016; ⁴demographic difference at $p \leq 0.05$ in 2019; ⁵demographic difference at $p \leq 0.05$ in 2022

^ayear difference at $p \leq 0.05$ from 2011 to 2022; ^byear difference at $p \leq 0.05$ from 2019 to 2022

Considered Suicide

All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered.

2022 Findings (Table 42)

- Three percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 5,840 residents who may have considered suicide in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they felt so overwhelmed in the past year that they considered suicide.

2011 to 2022 Year Comparisons (Table 42)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they felt so overwhelmed in the past year that they considered suicide in both study years.

2019 to 2022 Year Comparisons (Table 42)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.
- In 2019, respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide.

Table 42. Considered Suicide in Past Year by Demographic Variables for Each Survey Year (Q39)^①

	2011 ^②	2014 ^②	2016	2019	2022 ^②
TOTAL	3%	3%	6%	4%	3%
Gender					
Male	--	--	6	5	--
Female	--	--	6	3	--
Age ^{3,4}					
18 to 34	--	--	7	13	--
35 to 44	--	--	20	2	--
45 to 54	--	--	2	0	--
55 to 64	--	--	3	3	--
65 and Older	--	--	1	1	--
Education ⁴					
High School or Less	--	--	6	11	--
Some Post High School	--	--	6	2	--
College Graduate	--	--	6	2	--
Household Income ⁴					
Bottom 40 Percent Bracket	--	--	9	11	--
Middle 20 Percent Bracket	--	--	11	0	--
Top 40 Percent Bracket	--	--	4	1	--
Marital Status ^{3,4}					
Married	--	--	2	2	--
Not Married	--	--	10	8	--

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Find Meaning and Purpose in Daily Life

2022 Findings (Table 43)

- A total of 4% of respondents reported they seldom or never find meaning and purpose in daily life. Forty-two percent of respondents reported they always find meaning and purpose while an additional 38% reported nearly always.
- Eighteen percent of respondents in the middle 20 percent household income bracket reported they seldom or never find meaning and purpose in daily life compared to 6% of those in the bottom 40 percent income bracket or less than one percent of respondents in the top 40 percent household income bracket.

2011 to 2022 Year Comparisons (Table 43)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they seldom or never find meaning and purpose in daily life in 2011.

2019 to 2022 Year Comparisons (Table 43)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.
- In 2019, respondents 18 to 34 years old were more likely to report they seldom or never find meaning and purpose in daily life. In 2022, age was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents 18 to 34 years old reporting they seldom or never find meaning and purpose in daily life.
- In 2019, respondents with a high school education or less were more likely to report they seldom or never find meaning and purpose in daily life. In 2022, education was not a significant variable.
- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily life. In 2022, respondents in the middle 20 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily life, with a noted increase since 2019. From 2019 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting they seldom or never find meaning and purpose in daily life.
- In 2019, unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of unmarried respondents reporting they seldom or never find meaning and purpose in daily life.

Table 43. Seldom/Never Find Meaning and Purpose in Daily Life by Demographic Variables for Each Survey Year (Q38)^①

	2011 ^②	2014	2016	2019	2022
TOTAL	3%	7%	6%	6%	4%
Gender					
Male	--	8	5	8	4
Female	--	5	6	4	4
Age ^{3,4}					
18 to 34 ^b	--	9	0	16	7
35 to 44	--	6	9	2	5
45 to 54	--	2	2	2	3
55 to 64	--	11	7	3	0
65 and Older	--	5	11	5	4
Education ^{2,3,4}					
High School or Less	--	14	11	12	4
Some Post High School	--	5	<1	7	8
College Graduate	--	3	6	3	3
Household Income ^{2,4,5}					
Bottom 40 Percent Bracket ^b	--	14	9	20	6
Middle 20 Percent Bracket ^b	--	6	2	0	18
Top 40 Percent Bracket	--	2	5	<1	<1
Marital Status ⁴					
Married	--	6	4	2	3
Not Married ^b	--	8	8	12	5

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

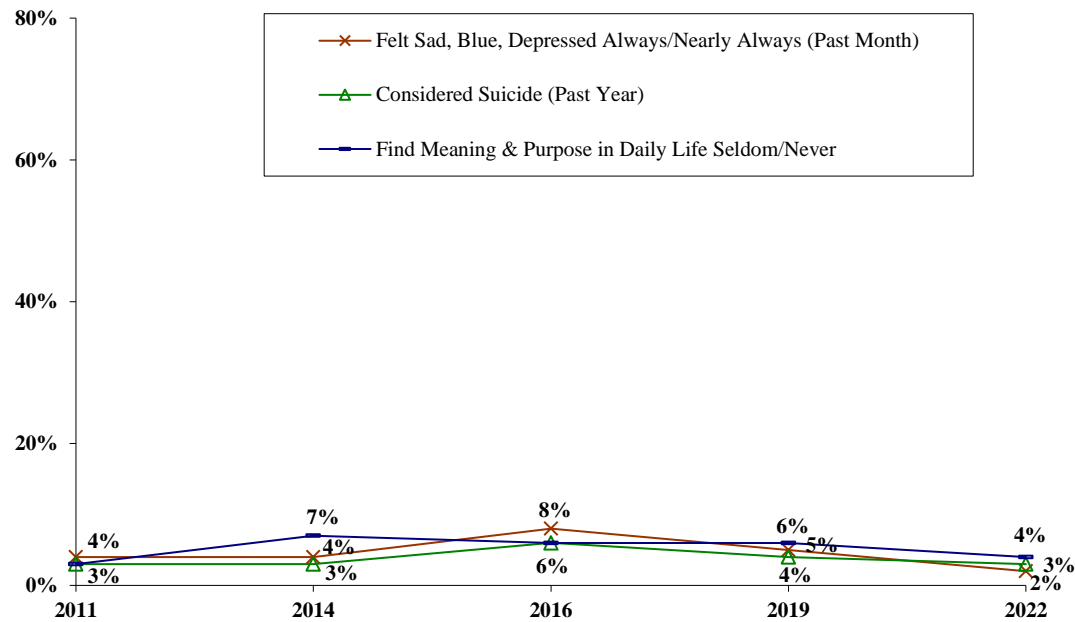
^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Mental Health Status Overall

Year Comparisons

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month while from 2019 to 2022, there was a statistical decrease. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life, as well as from 2019 to 2022.

Figure 19. Mental Health Status (Q37 - Q39)



Children in Household (Figure 20; Tables 44 - 46)

KEY FINDINGS: In 2022, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-three percent of respondents reported they have one or more persons they think of as the child's personal health care provider, with 98% reporting the child visited their personal health care provider for preventive care during the past year. Two percent of respondents reported in the past year the child did not receive the dental care needed. Twelve percent of respondents reported the child had a diagnosed mental health condition. Four percent of respondents reported the child was overweight or obese. Less than one percent of respondents reported the child currently had asthma. Zero percent of respondents reported the child had diabetes. Zero percent of respondents reported the 5 to 17 year old child was seldom/never safe in their community. Six percent of respondents reported the 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Fourteen percent reported the 5 to 17 year old child experienced some form of bullying in the past year; 14% reported verbal bullying, 4% reported cyber bullying and 0% reported physical bullying.

From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child had a personal health care provider, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported the child visited their personal health care provider in the past year for preventive care, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child currently had asthma, while from 2019 to 2022, there was a statistical decrease. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child was seldom/never safe in their community, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported the 5 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the 5 to 17 year old child was bullied overall or verbally bullied while from 2019 to 2022, there was a statistical decrease. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the 5 to 17 year old child was cyber bullied or physically bullied, as well as from 2019 to 2022.

Children in Household

2022 Findings

- Thirty-one percent of respondents reported they have a child under the age of 18 living in their household. Ninety-one percent of these respondents reported they make the health care decisions for the child(ren). For this section, a random child was selected to discuss that particular child's health and behavior.
 - Sixty-six percent of the children selected were 12 or younger. Of these households, 20% were in the bottom 60 percent household income bracket and 87% were married.

Child's Personal Health Care Provider

2022 Findings (Table 44)

Of the 112 respondents with a child...

- Ninety-three percent of respondents reported they have one or more persons they think of as the child's personal doctor or nurse who knows the child well and is familiar with the child's health history. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner or a physician assistant.
- There were no statistically significant differences between demographic variables and responses of having one or more persons they think of as the child's personal health care provider.

2011 to 2022 Year Comparisons (Table 44)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child had a personal health care provider.
- In 2011, respondents in the top 40 percent household income bracket were more likely to report the child had a personal health care provider. In 2022, household income was not a significant variable.

2019 to 2022 Year Comparisons (Table 44)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported the child had a personal health care provider.
- In 2019, respondents in the top 40 percent household income bracket were more likely to report the child had a personal health care provider. In 2022, household income was not a significant variable.

Table 44. Child Has Personal Health Care Provider by Demographic Variables for Each Survey Year (Q70)[®]

	2011	2014	2016	2019	2022
TOTAL	90%	88%	99%	93%	93%
Age					
12 Years Old or Younger	92	88	100	93	92
13 to 17 Years Old	87	91	97	91	95
Household Income ^{1,2,4}					
Bottom 60 Percent Bracket	82	77	96	83	86
Top 40 Percent Bracket	95	96	100	96	94

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Preventive Care with Child's Personal Health Care Provider

The Healthy People 2030 goal for adolescents aged 12 to 17 years received one or more preventive health care visits in the past year is 83% (Objective AH-01).

In 2016/17, 79% of U.S. respondents reported a child aged 12 to 17 years received one or more preventive health care visits in the past year (2016/17 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 45)

Of the 93% of respondents with a child who had a personal health care provider (n=104)...

- Of children who had a personal health care provider, 98% reported the child visited their personal health care provider for preventive care during the past year.
- There were no statistically significant differences between demographic variables and responses of their child visited their personal health care provider for preventive care within the past year.

2011 to 2022 Year Comparisons (Table 45)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported the child visited their personal health care provider in the past year for preventive care.
- In 2011 and 2022, child's age was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents with a child 13 to 17 years old reporting the child visited their personal health care provider for preventive care in the past year.

2019 to 2022 Year Comparisons (Table 45)

- From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported the child visited their personal health care provider in the past year for preventive care.
- In 2019 and 2022, child's age was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents with a child 13 to 17 years old reporting the child visited their personal health care provider for preventive care in the past year.

Table 45. Child Went to Personal Health Care Provider for Preventive Care in Past Year by Demographic Variables for Each Survey Year (Q71)[®]

	2011	2014	2016	2019	2022
TOTAL ^{a,b}	92%	89%	87%	91%	98%
Age ^{2,3}					
12 Years Old or Younger	95	99	93	93	97
13 to 17 Years Old ^{a,b}	86	76	73	88	100
Household Income ³					
Bottom 60 Percent Bracket	94	88	70	84	100
Top 40 Percent Bracket	93	89	91	93	98

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Unmet Dental Care

2022 Findings

Of the 112 respondents with a child...

- Two percent of respondents reported in the past year the child did not receive the dental care needed.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported the child had an unmet dental care need in the past year.

2011 to 2022 Year Comparisons

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need (0% and 2%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child had an unmet dental care need in both study years.

2019 to 2022 Year Comparisons

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need (3% and 2%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child had an unmet dental care need in both study years.

Child's Mental Health Condition

2022 Findings

Of the 112 respondents with a child...

- Twelve percent of respondents reported the child had a diagnosed mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported the child had a diagnosed mental health condition.

Child Overweight or Obese

2022 Findings

Of the 112 respondents with a child...

- Four percent of respondents reported the child is overweight or obese.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported the child is overweight or obese.

Child's Asthma

2022 Findings

Of the 112 respondents with a child...

- Less than one percent of respondents reported the child currently had asthma.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported the child currently had asthma.

2011 to 2022 Year Comparisons

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child currently had asthma (5% and <1%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child currently had asthma in both study years.

2019 to 2022 Year Comparisons

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who reported the child currently had asthma (9% and <1%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child currently had asthma in both study years.

Child's Diabetes

2022 Findings

Of the 112 respondents with a child...

- Zero percent of respondents reported the child had diabetes.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported the child had diabetes.

Child's Safety in Community

2022 Findings

Of the 81 respondents with a child 5 to 17 years old...

- Zero percent of respondents reported the child was seldom/never safe in their community or neighborhood.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported the child was seldom/never safe in their community.

2011 to 2022 Year Comparisons

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child was seldom/never safe (0% and 0%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child was seldom/never safe in their community in both study years.

2019 to 2022 Year Comparisons

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported the child was seldom/never safe (0% and 0%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child was seldom/never safe in their community in both study years.

Child's Emotional Well-Being

2022 Findings

Of the 81 respondents with a child 5 to 17 years old...

- Six percent of respondents reported the 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in the past six months.

2011 to 2022 Year Comparisons

In 2011, the question was asked for children 8 to 17 years old. In 2022, the question was asked for children 5 to 17 years old.

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in the past six months (0% and 6%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in both study years.

2019 to 2022 Year Comparisons

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in the past six months (6% and 6%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in both study years.

Child Experienced Bullying in Past Year

2022 Findings (Table 46)

Of the 81 respondents with a child 5 to 17 years old...

- Fourteen percent of respondents reported the 5 to 17 year old child experienced some form of bullying in the past year. More specifically, 14% reported the child was verbally bullied, for example, mean rumors said or kept out of a group. Four percent of respondents reported the child was cyber or electronically bullied, for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods. Zero percent reported the child was physically bullied, for example, being hit or kicked.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported the child was bullied in some way in the past year.

2011 to 2022 Year Comparisons (Table 46)

In 2011, the question was asked for children 8 to 17 years old. In 2022, the question was asked for children 5 to 17 years old.

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child was bullied overall, verbally bullied, physically bullied or cyber bullied.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child was bullied in both study years.

2019 to 2022 Year Comparisons (Table 46)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who reported in the past year the child was bullied overall or verbally bullied. From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child was physically bullied or cyber bullied.
- In 2019, there were no statistically significant differences between demographic variables and responses of the child was bullied in the past year.

Table 46. Child Experienced Bullying in Past Year by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) (Q80)^{①,②}

	2011 ^③	2014	2016 ^④	2019	2022 ^⑤
TOTAL ^b	8%	18%	14%	28%	14%
Age ³					
5 to 12 Years Old	--	18	24	23	--
13 to 17 Years Old	--	19	3	33	--
Household Income ²					
Bottom 60 Percent Bracket	--	32	--	26	--
Top 40 Percent Bracket	--	10	--	30	--

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Since 2019, the question was asked for children 5 to 17 years old. In prior years, the question was asked for children 8 to 17 years old.

^③Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

^④Data is not shown as a result of the low number of respondents within the demographic variable.

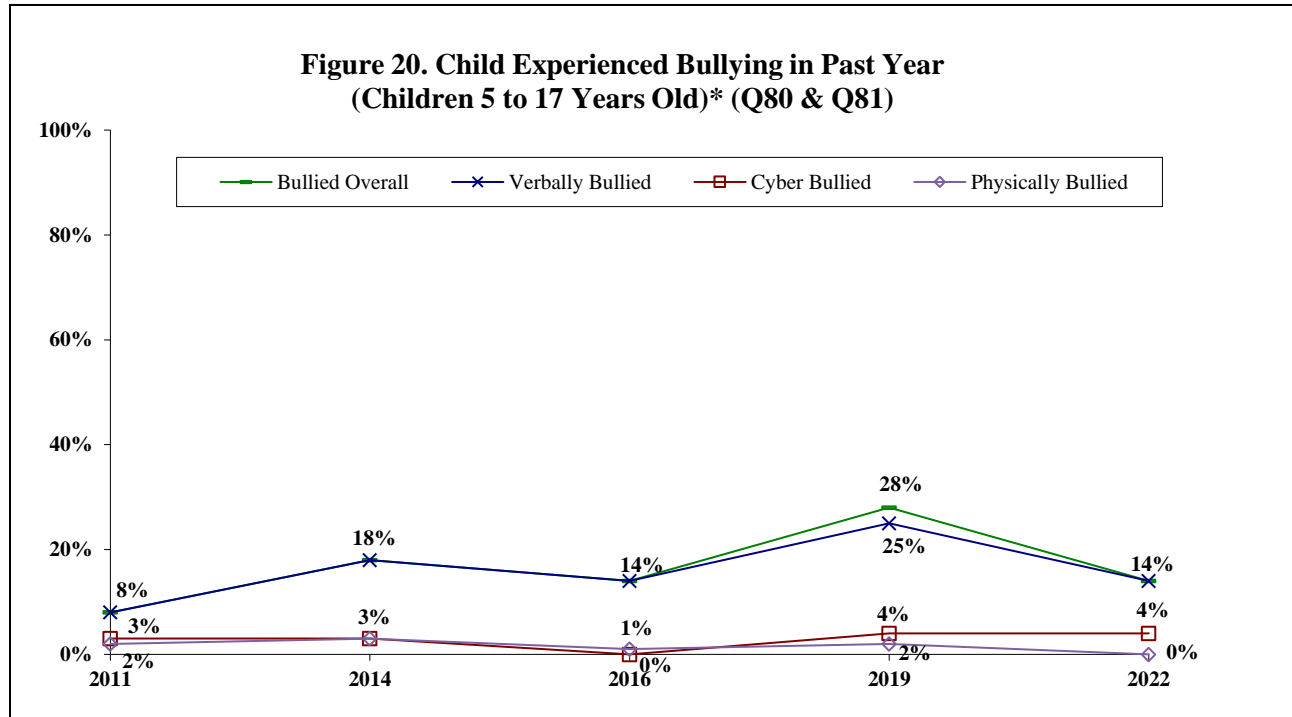
¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014; ³demographic difference at p≤0.05 in 2016; ⁴demographic difference at p≤0.05 in 2019; ⁵demographic difference at p≤0.05 in 2022

^ayear difference at p≤0.05 from 2011 to 2022; ^byear difference at p≤0.05 from 2019 to 2022

Child Experienced Bullying Overall

Year Comparisons

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the 5 to 17 year old child was bullied overall or verbally bullied while from 2019 to 2022, there was a statistical decrease. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the 5 to 17 year old child was cyber bullied or physically bullied, as well as from 2019 to 2022.



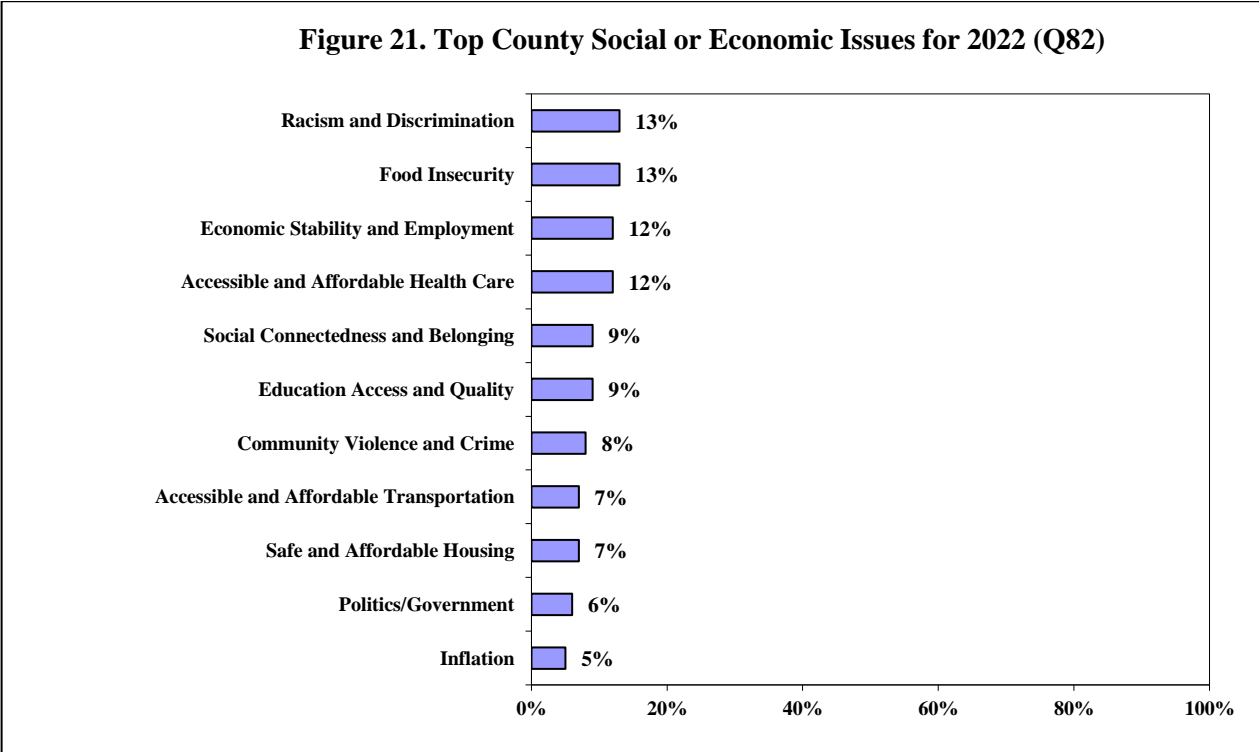
*Since 2019, the question was asked for children 5 to 17 years old. In prior years, the question was asked for children 8 to 17 years old.

Top County Social or Economic Issues (Figure 21; Tables 47 - 57)

KEY FINDINGS: In 2022, respondents were asked to list the top two social or economic issues in the county. The most often cited were racism/discrimination (13%), food insecurity (13%), economic stability/employment (12%) or accessible/affordable health care (12%). Respondents 35 to 44 years old or in the top 40 percent household income bracket were more likely to report racism and discrimination as a top social or economic issue. Respondents who were female or 45 to 54 years old were more likely to report food insecurity. Respondents who were female, 35 to 44 years old, with a college education or married respondents were more likely to report accessible and affordable health care as a top issue. Nine percent of respondents reported social connectedness and belonging; respondents 18 to 34 years old or with some post high school education were more likely to report this. Nine percent of respondents reported education access and quality as a top issue. Eight percent of respondents reported community violence and crime; respondents who were in the middle 20 percent household income bracket or married were more likely to report this. Seven percent of respondents reported accessible and affordable transportation as a top issue; married respondents were more likely to report this. Seven percent of respondents reported safe and affordable housing. Six percent of respondents reported politics/government as a top issue; respondents who were male or 55 to 64 years old were more likely to report this. Five percent of respondents reported inflation as a top social or economic issue.

2022 Findings

- Respondents were asked to list the two largest social or economic issues in Ozaukee County that must be addressed. Thirteen percent of respondents each reported racism/discrimination or food insecurity while 12% each reported economic stability/employment or accessible/affordable health care. Eighteen percent were not sure while 10% did not answer.



Racism and Discrimination as a Top County Social or Economic Issue

2022 Findings (Table 47)

- Thirteen percent of respondents reported racism and discrimination as one of the top two county social or economic issues.
- Twenty-three percent of respondents 35 to 44 years old reported racism and discrimination as one of the top social or economic issues compared to 9% of those 55 to 64 years old or 7% of respondents 65 and older.
- Seventeen percent of respondents in the top 40 percent household income bracket reported racism and discrimination as a top issue compared to 6% of those in the middle 20 percent income bracket or 5% of respondents in the bottom 40 percent household income bracket.

Table 47. Racism and Discrimination as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[®]

	2022
TOTAL	13%
Gender	
Male	10
Female	16
Age ¹	
18 to 34	14
35 to 44	23
45 to 54	20
55 to 64	9
65 and Older	7
Education	
High School or Less	9
Some Post High School	9
College Graduate	16
Household Income ¹	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	6
Top 40 Percent Bracket	17
Marital Status	
Married	11
Not Married	16

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Food Insecurity as a Top County Social or Economic Issue

2022 Findings (Table 48)

- Thirteen percent of respondents reported food insecurity as one of the top two county social or economic issues.
- Female respondents were more likely to report food insecurity as one of the top social or economic issues (16%) compared to male respondents (8%).
- Twenty-three percent of respondents 45 to 54 years old reported food insecurity as a top issue compared to 10% of those 35 to 44 years old or 2% of respondents 18 to 34 years old.

Table 48. Food Insecurity as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)^⓪

	2022
TOTAL	13%
Gender ¹	
Male	8
Female	16
Age ¹	
18 to 34	2
35 to 44	10
45 to 54	23
55 to 64	16
65 and Older	13
Education	
High School or Less	7
Some Post High School	9
College Graduate	16
Household Income	
Bottom 40 Percent Bracket	14
Middle 20 Percent Bracket	12
Top 40 Percent Bracket	13
Marital Status	
Married	14
Not Married	11

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Economic Stability and Employment as a Top County Social or Economic Issue

2022 Findings (Table 49)

- Twelve percent of respondents reported economic stability and employment as one of the top two county social or economic issues.

- There were no statistically significant differences between demographic variables and responses of economic stability and employment as one of their top two county social or economic issues.

Table 49. Economic Stability and Employment as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)^o

	2022
TOTAL	12%
Gender	
Male	12
Female	12
Age	
18 to 34	9
35 to 44	8
45 to 54	8
55 to 64	13
65 and Older	15
Education	
High School or Less	11
Some Post High School	8
College Graduate	14
Household Income	
Bottom 40 Percent Bracket	14
Middle 20 Percent Bracket	14
Top 40 Percent Bracket	11
Marital Status	
Married	12
Not Married	11

^oPercentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Accessible and Affordable Health Care as a Top County Social or Economic Issue

2022 Findings (Table 50)

- Twelve percent of respondents reported accessible and affordable health care as one of the top two county social or economic issues.
- Female respondents were more likely to report accessible and affordable health care as one of the top social or economic issues (21%) compared to male respondents (3%).
- Twenty-three percent of respondents 35 to 44 years old reported accessible and affordable health care as a top issue compared to 8% of respondents 45 to 54 years old.
- Fifteen percent of respondents with a college education reported accessible and affordable health care as a top social or economic issue compared to 7% of respondents with some post high school education or less.

- Married respondents were more likely to report accessible and affordable health care as a top issue compared to unmarried respondents (15% and 8%, respectively).

Table 50. Accessible and Affordable Health Care as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)^o

	2022
TOTAL	12%
Gender ¹	
Male	3
Female	21
Age ¹	
18 to 34	9
35 to 44	23
45 to 54	8
55 to 64	12
65 and Older	9
Education ¹	
High School or Less	7
Some Post High School	7
College Graduate	15
Household Income	
Bottom 40 Percent Bracket	9
Middle 20 Percent Bracket	12
Top 40 Percent Bracket	14
Marital Status ¹	
Married	15
Not Married	8

^oPercentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2022

Social Connectedness and Belonging as a Top County Social or Economic Issue

2022 Findings (Table 51)

- Nine percent of respondents reported social connectedness and belonging as one of the top two county social or economic issues.
- Fifteen percent of respondents 18 to 34 years old reported social connectedness and belonging as one of the top social or economic issues compared to 8% of those 55 to 64 years old or 0% of respondents 35 to 44 years old.
- Eighteen percent of respondents with some post high school education reported social connectedness and belonging as a top issue compared to 6% of those with a college education or 4% of respondents with a high school education or less.

Table 51. Social Connectedness and Belonging as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)^⓪

	2022
TOTAL	9%
Gender	
Male	11
Female	7
Age ¹	
18 to 34	15
35 to 44	0
45 to 54	10
55 to 64	8
65 and Older	10
Education ¹	
High School or Less	4
Some Post High School	18
College Graduate	6
Household Income	
Bottom 40 Percent Bracket	9
Middle 20 Percent Bracket	14
Top 40 Percent Bracket	7
Marital Status	
Married	8
Not Married	9

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Education Access and Quality as a Top County Social or Economic Issue

2022 Findings (Table 52)

- Nine percent of respondents reported education access and quality as one of the top two county social or economic issues.
- There were no statistically significant differences between demographic variables and responses of education access and quality as one of their top two county social or economic issues.

Table 52. Education Access and Quality as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[®]

	2022
TOTAL	9%
Gender	
Male	10
Female	7
Age	
18 to 34	7
35 to 44	13
45 to 54	8
55 to 64	5
65 and Older	10
Education	
High School or Less	3
Some Post High School	13
College Graduate	9
Household Income	
Bottom 40 Percent Bracket	6
Middle 20 Percent Bracket	8
Top 40 Percent Bracket	8
Marital Status	
Married	8
Not Married	10

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Community Violence and Crime as a Top County Social or Economic Issue

2022 Findings (Table 53)

- Eight percent of respondents reported community violence and crime as one of the top two county social or economic issues.
- Eighteen percent of respondents in the middle 20 percent household income bracket reported community violence and crime as one of the top social or economic issues compared to 8% of those in the top 40 percent income bracket or 3% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report community violence and crime as a top issue compared to unmarried respondents (10% and 4%, respectively).

Table 53. Community Violence and Crime as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)^⓪

	2022
TOTAL	8%
Gender	
Male	8
Female	7
Age	
18 to 34	5
35 to 44	8
45 to 54	3
55 to 64	16
65 and Older	8
Education	
High School or Less	3
Some Post High School	13
College Graduate	8
Household Income ¹	
Bottom 40 Percent Bracket	3
Middle 20 Percent Bracket	18
Top 40 Percent Bracket	8
Marital Status ¹	
Married	10
Not Married	4

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Accessible and Affordable Transportation as a Top County Social or Economic Issue

2022 Findings (Table 54)

- Seven percent of respondents reported accessible and affordable transportation as one of the top two county social or economic issues.
- Married respondents were more likely to report accessible and affordable transportation as one of the top social or economic issues compared to unmarried respondents (11% and 1%, respectively).

Table 54. Accessible and Affordable Transportation as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)^⓪

	2022
TOTAL	7%
Gender	
Male	6
Female	7
Age	
18 to 34	7
35 to 44	8
45 to 54	5
55 to 64	8
65 and Older	5
Education	
High School or Less	9
Some Post High School	5
College Graduate	6
Household Income	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	14
Top 40 Percent Bracket	8
Marital Status ¹	
Married	11
Not Married	1

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Safe and Affordable Housing as a Top County Social or Economic Issue

2022 Findings (Table 55)

- Seven percent of respondents reported safe and affordable housing as one of the top two county social or economic issues.
- There were no statistically significant differences between demographic variables and responses of safe and affordable housing as one of their top two county social or economic issues.

Table 55. Safe and Affordable Housing as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[®]

	2022
TOTAL	7%
Gender	
Male	5
Female	9
Age	
18 to 34	5
35 to 44	3
45 to 54	3
55 to 64	10
65 and Older	10
Education	
High School or Less	4
Some Post High School	11
College Graduate	6
Household Income	
Bottom 40 Percent Bracket	6
Middle 20 Percent Bracket	10
Top 40 Percent Bracket	7
Marital Status	
Married	7
Not Married	6

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Politics/Government as a Top County Social or Economic Issue

2022 Findings (Table 56)

- Six percent of respondents reported politics/government as one of the top two county social or economic issues.
- Male respondents were more likely to report politics/government as one of the top social or economic issues (8%) compared to female respondents (3%).
- Seventeen percent of respondents 55 to 64 years old reported politics/government as a top issue compared to 2% of those 18 to 34 years old or 0% of respondents 45 to 54 years old.

Table 56. Politics/Government as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)^⓪

	2022
TOTAL	6%
Gender ¹	
Male	8
Female	3
Age ¹	
18 to 34	2
35 to 44	3
45 to 54	0
55 to 64	17
65 and Older	7
Education	
High School or Less	3
Some Post High School	9
College Graduate	5
Household Income	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	6
Marital Status	
Married	6
Not Married	5

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Inflation as a Top County Social or Economic Issue

2022 Findings (Table 57)

- Five percent of respondents reported inflation as one of the top two county social or economic issues.
- There were no statistically significant differences between demographic variables and responses of inflation as one of their top two county social or economic issues.

Table 57. Inflation as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[®]

	2022
TOTAL	5%
Gender	
Male	4
Female	4
Age	
18 to 34	3
35 to 44	5
45 to 54	10
55 to 64	0
65 and Older	4
Education	
High School or Less	3
Some Post High School	3
College Graduate	5
Household Income	
Bottom 40 Percent Bracket	1
Middle 20 Percent Bracket	2
Top 40 Percent Bracket	7
Marital Status	
Married	5
Not Married	4

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

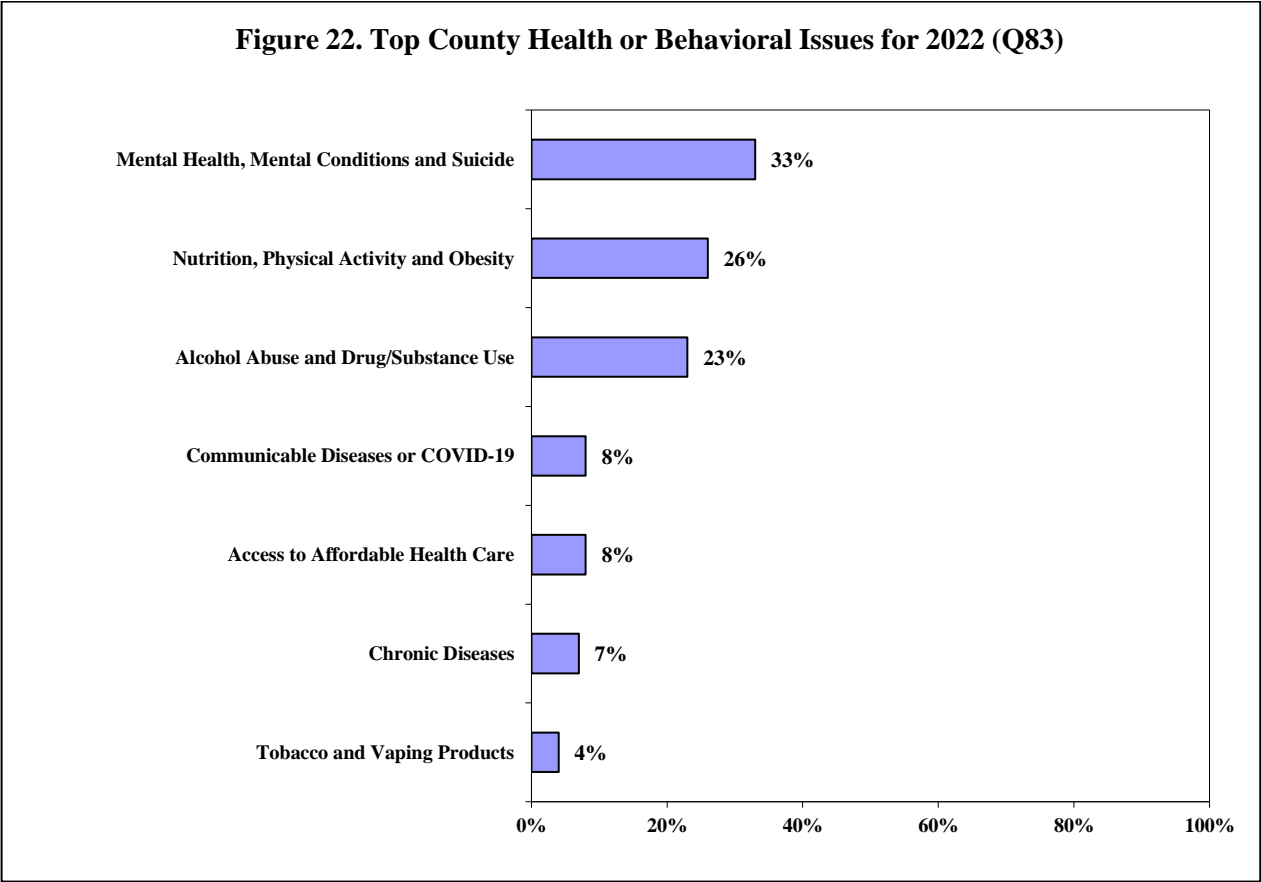
¹demographic difference at $p \leq 0.05$ in 2022

Top County Health or Behavioral Issues (Figure 22; Tables 58 - 64)

KEY FINDINGS: In 2022, respondents were asked to list the top two health or behavioral issues in the county that must be addressed in order to improve the health of county residents. The most often cited were mental health, mental conditions and suicide (33%) or nutrition, physical activity and obesity (26%). Respondents who were female, 35 to 44 years old, in the top 40 percent household income bracket or married were more likely to report mental health, mental conditions and suicide as a top health or behavioral issue. Respondents 45 to 54 years old, with a college education or in the top 40 percent household income bracket were more likely to report nutrition, physical activity and obesity. Twenty-three percent of respondents reported alcohol abuse and drug/substance use. Eight percent of respondents reported communicable diseases or COVID-19 as a top issue; female respondents were more likely to report this. Eight percent of respondents reported access to affordable health care as a top issue. Seven percent of respondents reported chronic diseases; respondents 35 to 44 years old were more likely to report this. Four percent of respondents reported tobacco and vaping products.

2022 Findings

- Respondents were asked to list the two largest health or behavioral issues in Ozaukee County that must be addressed in order to improve the health of county residents. Respondents were more likely to report mental health, mental conditions and suicide (33%) or nutrition, physical activity and obesity (26%). Thirteen percent of respondents were not sure while 11% did not answer.



Mental Health, Mental Conditions and Suicide as a Top County Health or Behavioral Issue

2022 Findings (Table 58)

- Thirty-three percent of respondents reported mental health, mental conditions and suicide as one of the top two county health or behavioral issues.
- Female respondents were more likely to report mental health, mental conditions and suicide as one of the top health or behavioral issues (38%) compared to male respondents (25%).
- Fifty-one percent of respondents 35 to 44 years old reported mental health, mental conditions and suicide as a top issue compared to 25% of those 18 to 34 years old or 18% of respondents 65 and older.
- Forty percent of respondents in the top 40 percent household income bracket reported mental health, mental conditions and suicide as a top health or behavioral issue compared to 32% of those in the middle 20 percent income bracket or 20% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report mental health, mental conditions and suicide as a top issue compared to unmarried respondents (38% and 25%, respectively).

Table 58. Mental Health, Mental Conditions and Suicide as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)[®]

	2022
TOTAL	33%
Gender ¹	
Male	25
Female	38
Age ¹	
18 to 34	25
35 to 44	51
45 to 54	44
55 to 64	36
65 and Older	18
Education	
High School or Less	22
Some Post High School	35
College Graduate	34
Household Income ¹	
Bottom 40 Percent Bracket	20
Middle 20 Percent Bracket	32
Top 40 Percent Bracket	40
Marital Status ¹	
Married	38
Not Married	25

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Nutrition, Physical Activity and Obesity as a Top County Health or Behavioral Issue

2022 Findings (Table 59)

- Twenty-six percent of respondents reported nutrition, physical activity and obesity as one of the top two county health or behavioral issues.
- Forty-six percent of respondents 45 to 54 years old reported nutrition, physical activity and obesity as one of the top health or behavioral issues compared to 25% of those 35 to 44 years old or 13% of respondents 65 and older.
- Thirty-three percent of respondents with a college education reported nutrition, physical activity and obesity as a top issue compared to 17% of respondents with some post high school education or less.
- Thirty-four percent of respondents in the top 40 percent household income bracket reported nutrition, physical activity and obesity as a top health or behavioral issue compared to 22% of those in the bottom 40 percent income bracket or 20% of respondents in the middle 20 percent household income bracket.

Table 59. Nutrition, Physical Activity and Obesity as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)[®]

	2022
TOTAL	26%
Gender	
Male	30
Female	23
Age ¹	
18 to 34	31
35 to 44	25
45 to 54	46
55 to 64	27
65 and Older	13
Education ¹	
High School or Less	17
Some Post High School	17
College Graduate	33
Household Income ¹	
Bottom 40 Percent Bracket	22
Middle 20 Percent Bracket	20
Top 40 Percent Bracket	34
Marital Status	
Married	24
Not Married	30

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2022

Alcohol Abuse and Drug/Substance Use as a Top County Health or Behavioral Issue

2022 Findings (Table 60)

- Twenty-three percent of respondents reported alcohol abuse and drug/substance use as one of the top two county health or behavioral issues.
- There were no statistically significant differences between demographic variables and responses of alcohol abuse and drug/substance use as one of their top two county health or behavioral issues.

Table 60. Alcohol Abuse and Drug/Substance Use as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)[®]

	2022
TOTAL	23%
Gender	
Male	24
Female	21
Age	
18 to 34	23
35 to 44	28
45 to 54	25
55 to 64	25
65 and Older	15
Education	
High School or Less	24
Some Post High School	27
College Graduate	22
Household Income	
Bottom 40 Percent Bracket	19
Middle 20 Percent Bracket	12
Top 40 Percent Bracket	26
Marital Status	
Married	24
Not Married	23

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Communicable Diseases or COVID-19 as a Top County Health or Behavioral Issue

2022 Findings (Table 61)

- Eight percent of respondents reported communicable diseases or COVID-19 as one of the top two county health or behavioral issues.
- Female respondents were more likely to report communicable diseases or COVID-19 as one of the top health or behavioral issues (11%) compared to male respondents (4%).

Table 61. Communicable Diseases or COVID-19 as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)^⓪

	2022
TOTAL	8%
Gender ¹	
Male	4
Female	11
Age	
18 to 34	10
35 to 44	7
45 to 54	3
55 to 64	5
65 and Older	10
Education	
High School or Less	4
Some Post High School	10
College Graduate	7
Household Income	
Bottom 40 Percent Bracket	8
Middle 20 Percent Bracket	6
Top 40 Percent Bracket	9
Marital Status	
Married	7
Not Married	8

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Access to Affordable Health Care as a Top County Health or Behavioral Issue

2022 Findings (Table 62)

- Eight percent of respondents reported access to affordable health care as one of the top two county health or behavioral issues.
- There were no statistically significant differences between demographic variables and responses of access to affordable health care as one of their top two county health or behavioral issues.

Table 62. Access to Affordable Health Care as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)^⓪

	2022
TOTAL	8%
Gender	
Male	9
Female	6
Age	
18 to 34	9
35 to 44	5
45 to 54	3
55 to 64	3
65 and Older	12
Education	
High School or Less	9
Some Post High School	4
College Graduate	8
Household Income	
Bottom 40 Percent Bracket	11
Middle 20 Percent Bracket	8
Top 40 Percent Bracket	5
Marital Status	
Married	5
Not Married	10

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Chronic Diseases as a Top County Health or Behavioral Issue

2022 Findings (Table 63)

- Seven percent of respondents reported chronic diseases as one of the top two county health or behavioral issues.
- Sixteen percent of respondents 35 to 44 years old reported chronic diseases as one of the top health or behavioral issues compared to 3% of those 55 to 64 years old or 2% of respondents 18 to 34 years old.

Table 63. Chronic Diseases as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)^⓪

	2022
TOTAL	7%
Gender	
Male	7
Female	7
Age ¹	
18 to 34	2
35 to 44	16
45 to 54	10
55 to 64	3
65 and Older	8
Education	
High School or Less	1
Some Post High School	5
College Graduate	9
Household Income	
Bottom 40 Percent Bracket	8
Middle 20 Percent Bracket	2
Top 40 Percent Bracket	8
Marital Status	
Married	7
Not Married	6

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

Tobacco and Vaping Products as a Top County Health or Behavioral Issue

2022 Findings (Table 64)

- Four percent of respondents reported tobacco and vaping products as one of the top two county health or behavioral issues.
- There were no statistically significant differences between demographic variables and responses of tobacco and vaping products as one of their top two county health or behavioral issues.

Table 64. Tobacco and Vaping Products as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)[®]

	2022
TOTAL	4%
Gender	
Male	4
Female	3
Age	
18 to 34	5
35 to 44	7
45 to 54	7
55 to 64	1
65 and Older	<1
Education	
High School or Less	0
Some Post High School	2
College Graduate	5
Household Income ¹	
Bottom 40 Percent Bracket	1
Middle 20 Percent Bracket	0
Top 40 Percent Bracket	6
Marital Status	
Married	4
Not Married	4

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2022

APPENDIX A: QUESTIONNAIRE FREQUENCIES

OZAUKEE COUNTY
2022 COMMUNITY HEALTH SURVEY

June 30, 2022 to October 3, 2022

[Some totals may be more or less than 100% due to rounding and response category distribution. Percentages in the report and in the Appendix may differ by one or two percentage points as a result of combining several response categories for report analysis.]

1. Generally speaking, would you say that your own health is...?

Poor	2%
Fair	13
Good	38
Very good	33
Excellent	15
Not sure	0

2. Which type of health plans do you use to pay for your health care services? Do you have... [Multiple responses accepted]

Insurance through an employer, either your own, or partner/spouse or parent	64%
Insurance through the Health Insurance Marketplace/Obama Care or Affordable Care Act, also known as the ACA	6
Private insurance you pay for yourself	12
Medicaid including medical assistance, Title 19 or Badger Care ..	4
Medicare	27
Indian Health Services	0
Veteran's Administration	2
COBRA	<1
You pay out of pocket, cash or self-pay	1
Do you not have health care coverage	1
Other	0
Not sure	<1

3. Did everyone in your household have health insurance during all, part or none of the past 12 months?

All	95%
Part	4
None	<1
Not sure	<1

4. In the past 12 months, have you or anyone in your household not taken prescribed medication due to prescription costs?

Yes	3%
No	97
Not sure	0

5. Was there a time during the last 12 months that you or someone in your household did not get the medical care needed?

Yes..... 4% → CONTINUE WITH Q6
No95 → GO TO Q7
Not sure 1 → GO TO Q7

6. What were the reasons you or someone in your household did not receive the medical care needed?
[15 Respondents; More than 1 response accepted]

Cannot afford to pay3 respondents
Unable to get appointment3 respondents
Don't know where to go2 respondents
Insurance did not cover it2 respondents
Specialty physician not in area1 respondent
Lack of transportation1 respondent
Poor medical care1 respondent
Lazy1 respondent
Co-payments too high1 respondent
Physical barriers1 respondent
Services not available due to COVID1 respondent

7. Was there a time during the last 12 months that you or someone in your household did not get the dental care needed?

Yes.....14% → CONTINUE WITH Q8
No86 → GO TO Q9
Not sure 0 → GO TO Q9

8. What were the reasons you or someone in your household did not receive the dental care needed?
[57 Respondents; Multiple responses accepted]

Cannot afford to pay33%
Uninsured25
Insurance did not cover it14
Not enough time10
Inconvenient hours 8
Lazy 6
Unable to get appointment 6
Unable to find a dentist to take Medicaid or
other insurance 5
Services not available due to COVID 3
Other (2% or less)..... 5

9. In the past 12 months, was there a time that YOU needed or considered seeking mental health care services but did not get it?

Yes..... 6% → CONTINUE WITH Q10
No, I got the services that I needed30 → GO TO Q11
Does not apply, I did not need services in past year....64 → GO TO Q11
Not sure 0 → GO TO Q11

10. What were the reasons you did not receive the mental health care needed?

[25 Respondents: Multiple responses accepted]

Unable to get appointment	27%
Specialty physician not in area	27
Insurance did not cover it	23
Cannot afford to pay	19
Not enough time	17
Inconvenient hours	9
Stigma.....	9
Don't know where to go	8
Co-payments too high	3
Other (2% or less).....	2
Not sure	4

11. In the past 12 months, was there a time that YOU needed or considered seeking alcohol or drug abuse treatment but did not get it?

Yes.....	<1%	→ CONTINUE WITH Q12
No, I got the services that I needed	22	→ GO TO Q13
Does not apply, I did not need services in past year.....	78	→ GO TO Q13
Not sure	0	→ GO TO Q13

12. What were the reasons you did not receive the alcohol or drug abuse treatment needed?

[1 Respondent: Multiple responses accepted]

Don't know where to go	1 respondent
------------------------------	--------------

13. Do you have a primary care doctor, nurse practitioner, physician assistant or primary care clinic where you regularly go for check-ups and when you are sick?

Yes.....	90%
No	10
Not sure	0

14. Who do you trust most as a source of health information?

Doctor or other health professional, nurse, nurse practitioner, pharmacist, etc.....	71%
Myself/family member in health care field	10
Family/friends	8
Internet	6
Other (2% or less).....	5
Not sure	1

15. When you are sick, to which one of the following places do you usually go? Would you say...

Doctor's or nurse practitioner's office	69%
Public health clinic or community health center	2
Hospital outpatient department.....	1
Hospital emergency room	3
Urgent care center	13
Quickcare clinic/Fastcare clinic	7
Worksite clinic	1
Alternative medicine location, such as acupuncture, homeopathy, chiropractor, etc	0
Virtual health/tele-medicine or electronic visit	1
Some other kind of place.....	0
No usual place	2
Not sure	2

16. What are the two largest health conditions or behaviors that you and your family face at this time?

Chronic diseases	39%
Mental health, mental conditions and suicide	14
Chronic pain, bad back, knee replacement, arthritis.....	6
Unintentional injury, including falls and motor vehicle accidents	5
Nutrition, physical activity and obesity.....	5
Communicable diseases or COVID-19	4
Oral health	3
Aging population	3
Other (2% or less).....	8
Not sure	6
No answer.....	22

17. So that I may ask the applicable follow-up questions, to which gender identity do you most identify with? Do you most identify with...

Male.....	48%
Female	51
Transgender male/transgender female/nonbinary/prefer not to answer/not sure/other gender identity	1

18. Could you please tell me in what year you born? [CALCULATE AGE]

18 to 34 years old	22%
35 to 44 years old	16
45 to 54 years old	16
55 to 64 years old	20
65 and older	27

In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that:

19. You have high blood pressure?

Yes.....	30%	→ CONTINUE WITH Q20
No	70	→ GO TO Q22
Not sure	<1	→ GO TO Q22

20. Are you regularly seeing a doctor, nurse or other health care provider for high blood pressure?
[118 Respondents]

Yes.....	94%	→ GO TO Q22
No	6	→ CONTINUE WITH Q21
Not sure	0	→ CONTINUE WITH Q21

21. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for high blood pressure? [7 Respondents: Multiple responses accepted]

Under control with medication/lifestyle changes	4 respondents
Not bad enough to see the doctor	1 respondent
Cannot find a good provider.....	1 respondent
Unable to get appointment	1 respondent

22. Your blood cholesterol is high? (In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that ...)

Yes.....	23%	→ CONTINUE WITH Q23
No	76	→ GO TO Q25
Not sure	<1	→ GO TO Q25

23. Are you regularly seeing a doctor, nurse or other health care provider for high blood cholesterol?
[93 Respondents]

Yes.....	86%	→ GO TO Q25
No	14	→ CONTINUE WITH Q24
Not sure	0	→ CONTINUE WITH Q24

24. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for high blood cholesterol? [13 Respondents: Multiple responses accepted]

Under control with medication/lifestyle changes	7 respondents
Physical barriers	2 respondents
Not bad enough to see the doctor	2 respondents
Fear.....	1 respondent
Lazy.....	1 respondent
Cannot find a good provider.....	1 respondent

25. You have heart disease or a heart condition? (In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that ...)

Yes.....	11%	→ CONTINUE WITH Q26
No	88	→ GO TO Q28
Not sure	<1	→ GO TO Q28

26. Are you regularly seeing a doctor, nurse or other health care provider for heart disease or a heart condition?
[45 Respondents]

Yes.....	91%	→ GO TO Q28
No	9	→ CONTINUE WITH Q27
Not sure	0	→ CONTINUE WITH Q27

27. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for heart disease or a heart condition? [4 Respondents: Multiple responses accepted]

Not bad enough to see the doctor	3 respondents
Cannot afford to pay	1 respondent

28. You have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression? (In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that ...)

Yes.....	21%	→ CONTINUE WITH Q29
No	79	→ GO TO Q31
Not sure	0	→ GO TO Q31

29. Are you regularly seeing a doctor, nurse or other health care provider for a mental health condition?
[85 Respondents]

Yes.....	86%	→ GO TO Q31
No	14	→ CONTINUE WITH Q30
Not sure	0	→ CONTINUE WITH Q30

30. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for a mental health condition? [12 Respondents: Multiple responses accepted]

Cannot afford to pay	7 respondents
Unable to get appointment	5 respondents
Inconvenient hours	4 respondents
Not bad enough to see the doctor	3 respondents
Insurance did not cover it	2 respondents
Not enough time	2 respondents
Under control with medication/lifestyle changes	1 respondent

31. You have diabetes (male). You have diabetes not associated with a pregnancy (female)? (In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that ...)

Yes.....	7%	→ CONTINUE WITH Q32
No	93	→ GO TO Q34
Not sure	0	→ GO TO Q34

32. Are you regularly seeing a doctor, nurse or other health care provider for diabetes? [28 Respondents]

Yes.....	96%	→ GO TO Q34
No	4	→ CONTINUE WITH Q33
Not sure	0	→ CONTINUE WITH Q33

33. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for diabetes?
[1 Respondent: Multiple responses accepted]

Under control with medication/lifestyle changes 1 respondent
Unable to get appointment 1 respondent

34. Do you currently have asthma?

Yes..... 8% → CONTINUE WITH Q35
No92 → GO TO Q37
Not sure 0 → GO TO Q37

35. Are you regularly seeing a doctor, nurse or other health care provider for asthma? [32 Respondents]

Yes.....66% → GO TO Q37
No34 → CONTINUE WITH Q36
Not sure 0 → CONTINUE WITH Q36

36. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for asthma?
[11 Respondents: Multiple responses accepted]

Under control with medication/lifestyle changes 10 respondents
Not bad enough to see the doctor 2 respondents

37. During the past 30 days, about how often would you say you felt sad, blue, or depressed?

Never34%
Seldom.....43
Sometimes22
Nearly always..... 2
Always.....<1
Not sure 0

38. How often would you say you find meaning and purpose in your daily life?

Never 1%
Seldom..... 3
Sometimes16
Nearly always.....38
Always.....42
Not sure<1

39. In the past year have you considered suicide?

Yes..... 3%
No97
Not sure 0

211 connects you with thousands of nonprofit and government services in your area. If you want personal assistance, call the three-digit number 211 or 877-947-2211.

Now I'd like to ask you about alcohol. An alcoholic drink is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.

40. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?

0 days.....26%
 1 to 2 days 16
 3 to 4 days 15
 5 to 30 days43
 Not sure 0

41. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

0 drinks 26%
 1 drink 29
 2 drinks 24
 3 drinks 13
 4 or more drinks 7
 Not sure 2

42. How many times during the past month did you have five or more drinks on an occasion? (MALES) (4 or more drinks FEMALES)

0 days.....76%
 1 day 7
 2 or more days17
 Not sure 0

In the past 30 days, did you use...

	Yes	No	Not Sure
43. Smokeless tobacco including chewing tobacco, snuff, plug, or spit	3%	97%	0%
44. Cigars, cigarillos or little cigars	5	95	0
45. Electronic cigarettes, also known as e-cigarettes or vaping.....	4	96	0
46. Delta-8, also called marijuana-lite, diet weed or dabs	6	94	0

47. Do you now smoke tobacco cigarettes every day, some days or not at all?

Every day..... 4%
 Some days 2
 Not at all94
 Not sure 0

48. Which statement best describes the rules about smoking inside your home...

Smoking is not allowed anywhere inside your home88%
 Smoking is allowed in some places or at some times..... 4
 Smoking is allowed anywhere inside your home<1
 There are no rules about smoking inside your home..... 7
 Not sure 0

Now, I have a few questions to ask about you and your household.

49. About how much do you weigh, without shoes?

50. About how tall are you, without shoes?

[CALCULATE BODY MASS INDEX (BMI)]

Not overweight/obese.....	33%
Overweight.....	37
Obese.....	30

51. Are you Hispanic or Latino?

Yes.....	2%
No.....	98
Not sure.....	0

52. Which of the following would you say is your race?

White.....	92%
Black, African American.....	2
Asian.....	2
Native Hawaiian or Other Pacific Islander.....	0
American Indian or Alaska Native.....	<1
Another race.....	1
Multiple races.....	3
Not sure.....	0

53. What is your current marital status?

Single and never married.....	23%
A member of an unmarried couple.....	2
Married.....	57
Separated.....	0
Divorced.....	8
Widowed.....	10
Not sure.....	0

54. What is the highest grade level of education you have completed?

8th grade or less.....	0%
Some high school.....	<1
High school graduate or GED.....	17
Some college.....	16
Technical school graduate.....	7
College graduate.....	36
Master's degree or higher.....	23
Not sure.....	0

55. What county do you live in? [FILTER]

Ozaukee.....	100%
--------------	------

56. What is the zip code of your primary residence?

53092.....	25%
53024.....	23
53012.....	19
53074.....	10
53021.....	7
53097.....	5
53080.....	5
All others (3% or less).....	5

LANDLINE SAMPLE ONLY [FOR SAMPLING PURPOSES]

57. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

58. How many of these telephone numbers are residential numbers?

59. Do you have a cell phone that you use mainly for personal use?

ALL RESPONDENTS

60. What is your current employment status? Are you...

Employed, working full-time	51%	→ GO TO Q62
Working part-time	11	→ CONTINUE WITH Q61
Not working by choice	4	→ CONTINUE WITH Q61
Out of work, but looking for work	2	→ CONTINUE WITH Q61
Out of work, but NOT currently looking for work.....	1	→ CONTINUE WITH Q61
Retired	30	→ GO TO Q62
Unable to work	2	→ GO TO Q62
Not sure	0	→ GO TO Q62

61. What are the main reasons you are not working or not working more? [67 Respondents: Multiple responses accepted]

Attending school.....	24%
Do not need to work	18
Taking care of family member	13
Stay at home parent/home school/home maker	13
Part time work is not enough.....	11
Cannot find childcare	7
Cost of childcare is too high.....	7
Furloughed or temporarily unemployed	6
Physically disabled	3
Health issues.....	3
Retired, working part-time because want to.....	3
Other (2% or less).....	6

62. What is your annual household income before taxes?

Less than \$10,000.....	3%
\$10,000 to \$20,000.....	4
\$20,001 to \$30,000.....	3
\$30,001 to \$40,000.....	4
\$40,001 to \$50,000.....	5
\$50,001 to \$60,000.....	5
\$60,001 to \$75,000.....	8
\$75,001 to \$90,000.....	8
\$90,001 to \$105,000.....	6
\$105,001 to \$120,000.....	8
\$120,001 to \$135,000.....	6
Over \$135,000.....	23
Not sure	7
No answer.....	9

63. Was there a time during the last 12 months that your household was hungry, but didn't eat because you didn't have enough food?

Yes.....	<1%
No	100
Not sure	<1

64. How strongly do you agree or disagree with the following statement: "During the past month, my household has been able to meet its needs with the money and resources we have." Do you...

Strongly agree.....	70%
Agree	25
Disagree.....	4
Strongly disagree.....	1
Not sure	0

65. Do you have any issues with your current housing situation?

Yes.....	2%	→ CONTINUE WITH Q66
No	98	→ GO TO Q67
Not sure	0	→ GO TO Q67

66. What issues, if any, do you have with your current housing situation? [7 Respondents: Multiple responses accepted]

Current housing is temporary, need permanent housing	3 respondents
Need supportive and/or assisted living.....	1 respondent
Mortgage is too expensive.....	1 respondent
Utilities (water, heat, electric)	1 respondent
Too run down or unhealthy environment (ex. mold, lead).....	1 respondent
Rent/facility is too expensive	1 respondent
Other.....	1 respondent

67. How many children under the age of 18 are living in the household?

None	69%	→ GO TO Q82
One	12	→ CONTINUE WITH Q68
Two or more	19	→ CONTINUE WITH Q68
Not sure	0	→ GO TO Q82

For the next questions, we would like to talk about the [RANDOM SELECTED] child.

68. Are you one of the health care decision makers for the child? [123 Respondents]

Yes.....	91%	→ CONTINUE WITH Q69
No	9	→ GO TO Q82
Not sure	0	→ GO TO Q82

69. What is the age of the child? [112 Respondents]

12 or younger.....	66%
13 to 17 years old	34

70. A personal doctor or nurse is a health professional who knows the child well, and is familiar with the child's health history. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner or a physician assistant. Do you have one or more persons you think of as the child's personal doctor or nurse? [112 Respondents]

Yes.....	93%	→ CONTINUE WITH Q71
No	7	→ GO TO Q72
Not sure	0	→ GO TO Q72

71. Preventive care visits include things like a well-child check, a routine physical exam, immunizations, lead or other health screening tests. During the past 12 months, did they visit their personal doctor or nurse for preventive care? [104 Respondents]

Yes.....	98%
No	2
Not sure	0

72. Was there a time during the last 12 months that you felt the child did not get the dental care needed? [112 Respondents]

Yes.....	2%	→ CONTINUE WITH Q73
No	96	→ GO TO Q74
Not sure	2	→ GO TO Q74

73. What were the reasons your child did not receive the dental health care needed? [2 Respondents; Multiple Responses Accepted]

No dental insurance	1 respondent
Health plan problem/insurance did not cover it	1 respondent
Dentist/specialist not in area.....	1 respondent

Does the child have...[112 Respondents]

		Yes	No	Not Sure
74.	Asthma	<1%	99%	0%
75.	A diagnosed mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression.....	12	88	0
76.	Diabetes.....	0	100	0
77.	Is the child overweight or obese.....	4	96	0

78. How often do you feel the child is safe in your community or neighborhood?

[81 Respondents of Children 5 to 17 years old]

Always.....	71%
Nearly always	28
Sometimes	1
Seldom.....	0
Never	0
Not sure	0

79. During the past 6 months, how often was your child unhappy, sad or depressed?

[81 Respondents of Children 5 to 17 years old]

Always.....	0%
Nearly always	6
Sometimes	15
Seldom.....	40
Never	38
Not sure	1

80. During the past 12 months, has the child experienced any bullying?

[81 Respondents of Children 5 to 17 years old]

Yes.....	14%
No	83
Not sure	4

81. What type of bullying did your child experience? [83 Respondents of Children 5 to 17 years old]

Physically bullied for example, being hit or kicked	0%
Verbally abused for example spreading mean rumors or kept out of a group.....	14
Cyber or electronically bullied for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods.....	4

The next two questions are about issues that our community faces that need to be addressed in order to improve the quality of life of county residents. First, I am going to ask about social or economic issues and then I am going to ask you about health conditions or behaviors.

82. What are the two largest social or economic issues in your community that must be addressed?

Racism and discrimination	13%
Food insecurity	13
Economic stability and employment	12
Accessible and affordable health care	12
Social connectedness and belonging	9
Education access and quality	9
Community violence and crime.....	8
Accessible and affordable transportation.....	7
Safe and affordable housing	7
Politics/government	6
Inflation	5
Aging/aging population	3
Affordable childcare	3
Family support.....	2
Environmental health (clean air, safe water, etc.).....	2
Taxes.....	2
Access to social services.....	1
Quality of health care	1
Unsafe roads/bad drivers/road maintenance	<1
Gas prices	<1
Gun control	<1
Other	1
Not sure.....	18
No answer	10

83. What are the two largest health conditions or behaviors that must be addressed in order to improve the health of county residents?

Mental health, mental conditions and suicide.....	33%
Nutrition, physical activity and obesity	26
Alcohol abuse and drug/substance use	23
Communicable diseases or COVID-19	8
Access to affordable health care	8
Chronic diseases	7
Tobacco and vaping products	4
Aging/aging population	3
Unintentional injury, including falls and motor vehicle accidents	2
Reproductive and sexual health.....	1
Refusing vaccinations.....	1
Maternal, infant and child health.....	<1
Lack of physicians/qualified physicians.....	<1
Oral health	<1
Unsafe drinking water	<1
Not practicing self-care/unhealthy lifestyle.....	<1
Other	2
Not sure.....	13
No answer	11

APPENDIX B: SURVEY METHODOLOGY

SURVEY METHODOLOGY

2022 Community Health Survey

The 2022 Ozaukee County Community Health Survey was conducted from June 30 through October 3, 2022. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=220). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=180). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted at the individual-age by gender of the 2010 census and age group by sex of the 2021 characteristics of the American Community Survey. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2019 Community Health Survey

The 2019 Ozaukee County Community Health Survey was conducted from July 15, 2019 through September 25, 2019. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=220). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=180). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2016 Community Health Survey

The 2016 Ozaukee County Community Health Survey was conducted from July 5 through August 26, 2016. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2014 Community Health Survey

The 2014 Ozaukee County Community Health Survey was conducted from June 9 through August 13, 2014. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2011 Community Health Survey

The 2011 Ozaukee County Community Health Survey was conducted from November 29, 2011 through January 3, 2012. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.